

U1700000 9207

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

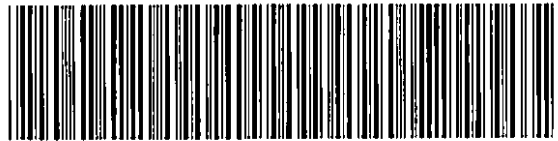
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Walk In \$43.75

Office Use Only



500322689195

S. TALLENT  
JAN 04 2019

FILED  
19 JAN -3 PM 12:38

FILED  
19 JAN -3 AM 9:57

Amend

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**155 Office Plaza Dr Ste A Tallahassee FL 32301**  
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

DATE:

1/3/19

NAME: THE HOUSE OF H.O.P.E. JACKSONVILLE, INC

TYPE OF FILING: AMENDMENT

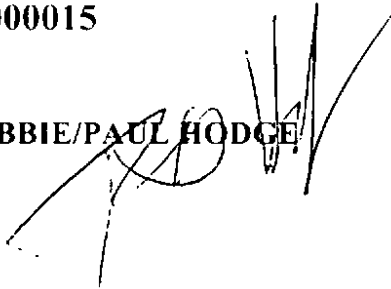
COST: 43.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

---

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TTHE HOUSE OF H.O.P.E. JACKSONVILLE, INC

DOCUMENT NUMBER: N17000009207

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CORIDALE JACKSON

(Name of Contact Person)

CLJ INDUSTRIES INC

(Firm/ Company)

11250 OLD ST. AUGUSTINE RD. #15131

(Address)

JACKSONVILLE, FL 32257

(City/ State and Zip Code)

alexdtorpe@yahoo.com

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Coridale Jackson

562

688 0508

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

THE HOUSE OF H.O.P.E. JACKSONVILLE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N17000009207

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation;

Not Applicable

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

New Registered Office Address:

(Florida street address)

(City) \_\_\_\_\_, Florida \_\_\_\_\_  
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

Article III - Remove what is currently there and add the following purpose statement:

THE PURPOSE OF THIS FAITH-BASE CORPORATION IS TO OFFER SPIRITUAL RESOURCES AND STABLE  
HOUSING TO PREGNATE AND PARENTING TEENS BY DEVELOPING BASIC SELF-SUFFICIENCY SKILLS.  
THEREFORE AIDING IN TRANSITION TO INDEPENDENT LIVING.  
THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES UNDER SECTION  
501(C)(3) OF THE INTERNAL REVENUE CODE.

ADD: Article IIIA - The Dissolution Clause

UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR  
MORE EXEMPT PURPOSE WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE,  
OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED  
TO THE FEDERAL GOVERNMENT, OR TO STATE OR LOCAL GOVERNMENT, FOR PUBLIC PURPOSE.

11/19/2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/19/2018 \_\_\_\_\_

Signature Alexis D Thorpe  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ALEXIS D THORPE  
\_\_\_\_\_  
(Typed or printed name of person signing)

VICE PRESIDENT/DIRECTOR  
\_\_\_\_\_  
(Title of person signing)