1180005537

-: (Re	equestor's Name)			
, (Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Do	cument Number)			
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S. YOUNG

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2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:				
N18000005537 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm		·		
Please return all correspondence concerning this matter	r to the following:			
CRAIG I. KELLEY				
	(Name of Contact Person	n)		_
KELLEY & FULTON, P.L.				
	(Firm/ Company)			_
1665 PALM BEACH LAKES BLVD				
	(Address)			_
WEST PALM BEACH, FL 33401				
	(City/ State and Zip Cod	e)		
CRAIG@KELLEYLAWOFFICE.COM				
E-mail address: (to be used	for future annual report	notification	1)	_
For further information concerning this matter, please of	call:			
CRAIG I. KELLEY	56 at	·	491-1200	
(Name of Contact Person)		rea Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	yable to the Florida Depa	artment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & I Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address Iment Section of Corpo Building		

Articles of Amendment to Articles of Incorporation of

HPL MINISTIRES, INC		
(Name of Corporation as curr	rently filed with the Florida De	pt. of State)
N18000005537		
(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profi	t Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
HPL MINISTRIES, INC		The new
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.		
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRES</u>	16584 Welling Fort Myers	gton Lakes Circle , FL 33908
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	16584 Wellin	igton Lakes Cir
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		the name of the
Name of New Registered Agent:	<i>P</i> /q	5, k 27 (
New Registered Office Address:	(Florida str P\Q .	eet address) 5 12 12 12 12 12 12 12 12 12 12 12 12 12
	(Citv)	(Zip Code)

Page 1 of 4

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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TRE	DOUGH J BATES	15684 WELLINGTON LAKES CIR
Add			FORT MYERS, FL 33908
X Remove			
2) Change	TRE	DOUGLAS JOE BATES	15684 WELLINGTON LAKES CIR
x Add			FORT MYERS, FL 33908
Remove 3) X Change	<u>s</u> _	Marie Malcolm	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary).	(Be specific)				
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The da	ite of each amendment(s) add	option:	, if other than the
date thi	is document was signed.	1	
Effecti	ve date <u>if applicable</u> :	μ\a.	
		(no more than 90 days after amendment file date	e)
	If the date inserted in this bloc ent's effective date on the Dep	ck does not meet the applicable statutory filing requires artment of State's records.	ments, this date will not be listed as the
Adopti	ion of Amendment(s)	(CHECK ONE)	
	he amendment(s) was/were add as/were sufficient for approval	opted by the members and the number of votes east for .	r the amendment(s)
	here are no members or memb dopted by the board of director	ers entitled to vote on the amendment(s). The amendners.	ment(s) was/were
	Dated 5/18/2018		
	Signature	ray 1. Celley	
	have not bee	nan of vice chairman of the board, president or other on selected, by an incorporator – if in the hands of a recoppointed fiduciary by that fiduciary)	
	Craig I, K	felley, Esq.	
		(Typed or printed name of person signir	ng)
	Incorpora	tor	
		(Title of person signing)	