N18000006361

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COVER LETTER

TO: Amendment Section Division of Corporations

WILL HUTCH LEADERSHIP COLLECTIVE, INC.

NAME OF CORPORATION:	
N18000006361	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the WILLIAM HUTCHERSON	his matter to the following:
	(Name of Contact Person)
CURATE HOPE	
	(Firm/ Company)
4782 FOXTAIL PALM CT.	
	(Address)
GREENACRES, FL 33463	
	(City/ State and Zip Code)
WILL@CURATEHOPE.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
WILLIAM HUTCHERSON	239 8510627
	t Person) (Area Code) (Daytime Telephone Number)
(Name of Contact	t Person) (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 Certificate of	
Mailina Address	Street Address

Mailing Address

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

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Artic	cles of Amendment to	117.02
Articl	les of Incorporation	
WILL HUTCH LEADERSHIP COLLECTIVE, INC.	of	14
(Name of Corporation as currently filed with the Florida N18(XXXXXX6361	Dept. of State)	02
(Document Num	ber of Corporation (if know	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Not For Pr</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the corpora CURATE HOPE, INC.	ation:	
name must be distinguishable and contain the word "corpor	ration" or "incorporated" o	The new r the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	4782 FOXTAIL PALM (
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	S) GREENACRES, FL 334	63
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 62695	
	FORT MYERS, FL 3390	6
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office N/A		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida	ı street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		obligations of the position.
	Signature of New Registered	l 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 <math>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>PT</u> <u>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		N/A	
Remove			
2) Change Add		N/A	
Remove 3)		<u>N/A</u>	
4) Change Add		N/A	
Remove			
5) Change Add		N/A	
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ig additions:	onal Articles, enter change(s) here: essary). (Be specific)	
N/A			
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	, .====	
	07/01/2020	
The date of each amendment(s) adoption:		_, if other than the
date this document was signed.		
07/01/2020		
Effective date if applicable:	o more than 90 days after amendment file date)	
(ne	o more than 90 days after amenament fite date)	
Note: If the date inserted in this block does redocument's effective date on the Department	not meet the applicable statutory filing requirements, this date will not of State's records.	be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

	7/1/2020
Dated	
Signature	Will Fall
	(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)
	WILLIAM HUTCHERSON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.