# N18000008629

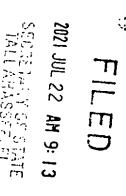
(Red	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	NET.	÷."

Office Use Only



300370035783

07/22/21--01029--006 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations

# KINGDOM OUTREACH INC.

omitted for filing.	
ter to the following:	
(Name of Contact Perso	n)
(Firm/ Company)	
•	
(Address)	
(City/ State and Zip Cod	e)
d for future annual report	notification)
e call:	
	-272-1432
at	
n) (A	rea Code) (Daytime Telephone Number)
•	artment of State:
	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
	Address Iment Section
	(Address)  (City/ State and Zip Coded for future annual report e call:  at

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

#### Articles of Amendment

10

# Articles of Incorporation

of

## KINGDOM OUTREACH INC.

Name of Corporation as currently filed with the Florida Dept. of State) N18000008629	
(Document Number of Corporation (	(if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida No</i> imendment(s) to its Articles of Incorporation:	of For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation: Haven of Hope Outreach, Inc.	
·	The new
name must be distinguishable and contain the word "corporation" or "incorpor "Compuny" or "Co," may not be used in the name.	vated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	-
C. Enter new mailing address, if applicable:	<b>82</b> 1
(Mailing address MAY BE A POST OFFICE BOX)	
	1880 N
<del>-</del>	(1)
). If amending the registered agent and/or registered office address in Flor	rida, enter the name of the Tip 99 U
new registered agent and/or the new registered office address:	<b>= 3</b>
Name of New Registered Agent:	
	(Florida street address)
<u>New Registered Office Address:</u>	
	, Florida
(Сіқу)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and ac	cept the obligations of the position.

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	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>mes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	`	Sharon Dixou	13105 Mike Dr Tampa, FL 33617
Remove			
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti	cles, enter change(s) here: (Be specific)	

<u> </u>		
		,
		<del></del>
		<del></del>
	_ <del></del>	
	<del></del>	<del></del>
		<del></del>
	7-20-21	
The date of each amendment(s) adoptio	7-20-21 N:	, if other than the
date this document was signed.		,
_		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this black dos	es not meet the applicable statutory filing requirements, this date will n	or he listed as the
document's effective date on the Department	ent of State's records.	or or nated to the
and a second data on the peparation	, , , , , , , , , , , , , , , , , , ,	
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.

	7-20-21
Dated	- July 25
Signati	(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)  Lula Fraizer
	(Typed or printed name of person signing)
	President