N 180000090360

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C. GOLDEN SEP 1 1 2018

COVER LETTER

TO: Amendment Section Division of Corporations

Heart of Mercy, Inc. NAME OF CORPORATION:	
N1800009036	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christina Caldwell	
(Name of Contact Person)	
Hearts of Mercy, Inc.	
(Firm/ Company)	
183 Pine Knoll Court	
(Address)	
Casselberry, FL 32707	
(City/ State and Zip Code)	··
christina.caldwell24@yahoo.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Christina Caldwell 571 733-1769	
(Name of Contact Person) (Area Code) (Daytime Telephone Nur	mber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status (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

FILED

Heart of Mercy, Inc.

2018 SEP -4 AM 10: 54

	urrently med with the Fig	orida Dept. of State ECRETARY OF STALLAHASSEE.
N18000009036		
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	for Profit Corporation adopts the following
. If amending name, enter the new name of the cor	poration:	
learts of Mercy, Inc.		The new
ame must be distinguishable and contain the word "co. Company" or "Co." may not he used in the name.	rporation" or "incorporate	
3. Enter new principal office address, if applicable:	183 Pine Knoll Cou	п
Principal office address MUST BE A STREET ADDR	(ESS) Casselberry, FL 32	707
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX) 183 Pine Knoll Cou	irt
	Casselberry, FL 32	707
). If amending the registered agent and/or registere		s, enter the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent:		
	(1	Florida street address)
New Registered Office Address:		
N/A		Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registhereby accept the appointment as registered agent. I		nt the obligations of the position.
		<u>-</u>
	Signature of New Regi	stered 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>Mi</u>	n Doe ke Jones ly Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address .	
1) Change		N/A			 -
Add					
Remove				-	
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Artication (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
	

		8/22/18	
	e date of each amendment(s) a	doption:	, if other than the
date	e this document was signed.		
		2/18	
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	te: If the date inserted in this blument's effective date on the De	ock does not meet the applicable statutory filing requirements, this darpartment of State's records.	ite will not be listed as the
Add	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendmal.	ent(s)
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/wors.	еге
	Dated 8/22/18 Signature	Par Bueluler	
	have not be	rman or vice chalfman of the board, president or other officer-if direction selected, by an incorporator — if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
	Christir	a Caldwell	
		(Typed or printed name of person signing)	
	Founde		
		(Title of person signing)	_