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COVER LETTER

mendment Section vivision of Corporations

E OF CORPORATION: 17 Ands of Hope Helps Ministries, Inc.
JMENT NUMBER: N 1900006048
closed Articles of Amendment and fee are submitted for filing.
return all correspondence concerning this matter to the following:
ERMON THOMAS (Name of Contact Person)
(Name of Contact Person)
Ands of Hope Helps Ministries, Inc. (Firm/Company)
790 Pine Ridge Road
7. MyERS, F-loRida 33908 (City/ State and Zip Code)
<u>CAMONTHOMAS(DGMAil, COM</u> E-mail address: to be used for future annual report notification)
rther information concerning this matter, please call:
PERMON ThomAs (Name of Contact Person) at (239) 362.7892 (Area Code) (Daytime Telephone Number)
sed is a check for the following amount made payable to the Florida Department of State:
□ S35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303Tallahassee

Articles of Amendment								
to Articles of Incorporation								
of e								
Ands of Hope Helps MinistRies, Incres = T								
ie of Corporation as currently filed with the Florida Dept. of State)								
7000006048								
(Document Number of Corporation (if known)								
ant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following dment(s) to its Articles of Incorporation:								
amending name, enter the new name of the corporation:								
The new								
must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc,"								
<u>npany" or "Co." may not be used in the name</u> . <u>nter new principal office address, if applicable:</u> <i>cipal office address <u>MUST BE A STREET ADDRESS</u>) <u>Ft. MyER5, Fla. 33908</u></i>								
<u>Inter new mailing address, if applicable:</u> <i>Mailing address <u>MAY BE A POST OFFICE BOX</u></i> <i>IS 790</i> <i>IS 7</i>								
amending the registered agent and/or registered office address in Florida, enter the name of the ew registered agent and/or the new registered office address:								
Name of New Registered Agent:								
15790 PinE Ridge ROAD								
<u>New Registered Office Address:</u> <u>F.H. MyERS</u> , Florida <u>33903</u> (City) (Zip Code)								
Registered Agent's Signature, if changing Registered Agent:								
by accept the appointment as registered agent. I am familiar with and accept the obligations of the position.								

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Signature of New Registered Agent, if changing

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

dditional sheets. if necessary)

ite the officer/director title by the first letter of the office title:

ident; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief2 Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office sident. Treasurer, Director would be PTD.

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 , Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, tes, V as Remove, and Sally Smith, SV as an Add.

ove i6c :	<u>PT</u> <u>John Do</u> <u>∨</u> <u>Mike Jo</u> <u>SV</u> <u>Sally Sr</u>	ines						
<u>Action</u> One)	Title	Name	Address					
Change Add	<u>_D</u>	GlENN CARRoll	991 BUNKER Hill DR. NAPLES FID. 34110					
_ Remove _ Change _ Add	_D	Waldo KEAGER	3402 Sundial Ct. F. MYERS FLA. 33903					
_ Remove _ Change _ Add	<u>]</u>	ERick Delleback	2965 REACE Ct. 1-F. Myen, 1-14.33905					
_ Add _ Remove _ Change _ Add	DACES	PERMON Thomas	15790 P. AE RidgE RJ Et. MyENS FIA. 33908					
_ Remove _ Change _ Add	DT	John Halley	14503 LAKEWON TRACE Ct.					
_ Remove Change Z_Add	DS	Shanna PUSEY	P.O. Box - 110157 Napies, FIA. 37108					
_ Remove		Continuation Attached Page 2 of 4						
mending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)								

Cont. Rg. Z of 4 D MARia Smith 5750N.Wilst Lauderhill, FIA. 33313 7) - Change X Add - REMOVE

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ate of each amendment(s) adoption: <u>NOV, Z8, 2019</u>, if other than the nis document was signed. ive date <u>if applicable</u>: <u>NOV, Z8, 2019</u> (no more than 90 days after amendment file date)

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

ion of Amendment(s) (CHECK ONE)

he amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) as/were sufficient for approval.

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

Pernow Shame Dated Signature (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)

PERMON / 10.9.95 (Typed or printed name of person signing)

PRESIDEN +/DIRECTOR/CHAIR TENSON (Title of person signing)

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