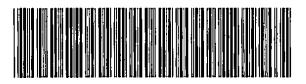
N20000004345

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Hope Throug NAME OF CORPORATION:	h Education, Inc.		
N20000004345 DOCUMENT NUMBER:		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:	:	
Dr. Linda J Brent			
	(Name of Contact	Person)	
The ASTA Group LLC (for Hope Through Ed	ucation)		
	(Firm/ Compa	any)	-,
223 West Gregory Street			
	(Address)		
Pensacola, FL 32502			
	(City/ State and Zi	ip Code)	
linda.brent@theastagroup.com			
E-mail address: (to	be used for future annual	report notificatio	n)
For further information concerning this matter.	, please call:		
Dr. Linda Brent		850 at	912-6793
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount i	nade payable to the Florid	la Department of	State:
■ \$35 Filing Fee	Fee & □\$43.75 Filing Fe Status Certified Copy (Additional copenclosed)	Certif y is Certif	0 Filing Fee Scate of Status Sed Copy tional Copy is Osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	i	Street Address Amendment Sect Division of Corpo The Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Hope Through Education, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N20000004345 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the ب new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

and address of each Office (Attach additional sheets, Please note the officer/dir P = President; V = Vice F	cer and/or Direct if necessary) rector title by the fi resident; T= Trea. Chief Financial (irst letter of the office title: surer; S= Secretary; D= Director; TR= Trus Officer. If an officer/director holds more than	stee; C = Chairman or Clerk; CEO = Chief
	ves the corporation	n, Sally Smith is named the V and S. These sh	ST and Mike Jones is listed as the V. There is could be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add	Ð	Charles Parker	745 Carambola Drive Merritt Island, FL 32952
 X Remove 2) Change Add 			
Remove 3) Change Add Remove			
4) Change Add			

____ Remove

____ Remove

____ Remove

2. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

5) ____ Change ___ Add

í) ____ Change ____ Add

	
	· · · · · · · · · · · · · · · · · · ·
date of each amendment(s) adoption: 28 August 2020 this document was signed.	, if other than t
ective date <u>if applicable</u> : (no more than 90 days after amendment file da	e)

<u>yte:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th cument's effective date on the Department of State's records.

loption 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.

	to members or members entitled to vote on the amendment(s). The amendment(s) was/were the board of directors.
Da	28 August 2020
Sig	(By the chairman of 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) Linda J Brent
	(Typed or printed name of person signing)
	President
	(Title of person signing)