N20000005907

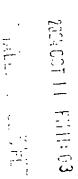
(F	Requestor's Name)	
(,	Address)	
	Address)	
(1	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Nam	ne)
(Document Number)	
Certified Copies	Certificates	of Status
Special Instructions	to Filing Officer.	

Office Use Only



900437783819

10/11/24--01008--019 **35.00





COVER LETTER

NAME OF CORPORATION: Florida Hunger Project, Inc. DOCUMENT NUMBER: N 200000 5907 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) For further information concerning this matter, please call: at 4/3-822-8709 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) **Mailing Address Street Address**

TO: Amendment Section

Division of Corporations

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 to

Articles of Incorporation of

Florida Hunger	Project, Inc.
(Name of Corporation as currently filed with the Flori	da Dept. of State)
NZODO	0005907 200711 F
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
(A.) If amending name, enter the new name of the corporate	oration:
International Hunger Project, Inc.	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	A = A
(Trincipal office and ess into 1 District No.	
Enter new mailing address, if applicable:	2627 School Spring Circle #10
(Mailing address MAY BE A POST OFFICE BOX)	2687 Sabal Strings Circle #10 Clear Water, Florida 33761
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the name of the ice address:
Name of New Registered Agent:	NA
	7 Sabal Strings Cir. # 10/
<u>New Registered Office Address:</u>	227/
<u></u>	ear Water , Florida 3376/ (City) , (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	ered Agent: m familiar with and accept the obligations of the position.
N A	Signature of New Registered 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 Type of Action (Check One)	PT John Do Y Mike Jo SV Sally So Title	ones A	<u>Addres</u> s
1) Change Add			
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 addir (attach additional shee		icles, enter change(s) here: (Be specific)	
NA			

			
			
			
			
			
			
			
	date of each amendment(s) adoption this document was signed.	:	, if other than the
F ff	ctive date if applicable:		
DIE	()	no more than 90 days after amendment file date)	
Note docu	: If the date inserted in this block does ment's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not but of State's records.	e listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopted the was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 10/7/24
Signature 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)
Brendan Hart
(Typed or printed name of person signing)
President
(Title of person signing)