NZO 0000 1050Z

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ified Copies Certificates of Status
ecial Instructions to Filing Officer:
Office Use Only



09/28/20--01013--016 **35.00

S TALLENT NOV 2 4 2020

828 MOT 20 AH 7: 52

Harry



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2020

DANA ANDERSON ESQ. LAW OFFICES OF DANA ANDERSON 2949 W. STATE ROAD 434 SUITE 100 LONGWOOD, FL 32779

SUBJECT: VOICES OF HOPE PROJECT INC.

Ref. Number: N20000010502

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 920A00022166

COVER LETTER

): Amendment Section Division of Corporations

VOICES OF HOPE F	PROJECT INC.
N200000010502 DCUMENT NUMBER:	
e enclosed Articles of Amendment and fee are subm	
ease return all correspondence concerning this matte	r to the following:
ANA ANDERSON ESQ.	
	(Name of Contact Person)
AW OFFICES OF DANA ANDERSON	
	(Firm/ Company)
49 W. STATE ROAD 434 SUITE 100	
	(Address)
NGWOOD FL 32779	
	City/ State and Zip Code)
FO@VOICESOFHOPEPROJECT.ORG	
E-mail address: (to be used	for future annual report notification)
r further information concerning this matter, please	call:
ANA ANDERSON	407 221-0366 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
closed is a check for the following amount made page	yable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

VOICES	OF	HOPE	PROJECT	INC.
--------	----	------	---------	------

(Name of Corporation as currently filed with the N200000010502	e Florida D	
N200000010502	e Florida Dept. of State)	
(Docume)	nent Number of Corporation (if known)	
Pursuant to the provisions of and	or corporation (if known)	
imendment(s) to its Articles of Incompany	rida Statutes, this Florida Not For Profit Corporation adopts the fo	
the function of theorporation:	toyin corporation adopts the fo	llowing
A. If amending name, enter the new name of the o	corporation:	
ame must be distinguishable and contain t		
Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abbreviation "Corp." or "	he new 'Inc "
Buter new principal office address, if applicable Principal office address MUST BE A STREET ADD		·//C.
EVEL BE A STREET ADI	DRESS)	
		
Enter new mailing address, if applicable:		رات درم
(Mailing address MAY BE A POST OFFICE BO	0 <i>X</i>)	2020 11119
		0.7
If amending the section		
new registered agent and/or the new registered of	red office address in Florida, enter the name of the	
and of the new registered o	office address:	٠ .
Name of New Registered Agent:		r
New Registered Office Address:	(Florida street address)	
Augustica Office Augress	·	
	. Florida	
B 4	(City) (Zip Code)	
Registered Agent's Signature, if changing Regis	istered Agent:	
reoy accept the appointment as registered agent. 1	istered Agent: I am familiar with and accept the obligations of the position.	
	- , , , , , , , , , , , , , , , , , , ,	
	Signature of New Registered Agent, if changing	
	-Samue of the 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					
Changes should be not	A 2- A - A	• • •	the PST and Mike Jones is listed as the V. There is ese should he noted as John Doe, PT as a Change,		
Example: X Change X Remove X Add	<u>PT</u> <u>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith	to total Ode, F1 as a Change,		
ype of Action Check One)	<u>Title</u>	<u>Name</u>	Address		
) <u>×</u> Change Add	<u>P</u>	RUTH KUTTLER	15275 COLLIER BLVD. SUITE 201/207		
Remove			NAPLES FL 34119		
Add					
Change Add Remove					
Change					
Remove					
Change Add					
Remove					
Add Remove					
-	addition	nal Articles, enter change(s) here: sary). (Be specific)			
		imy). (Be specific)			

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

There are no me adopted by the b	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were
Dated	09/24/2020
Signature	Ruth Kuttler (Sep 24, 2020 21:17 EDI) (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) RUTH KUTTLER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)