

N20 000011071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

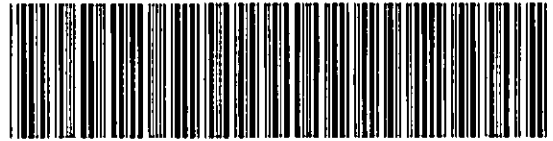
(Business Entity Name)

(Document Number)

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Amend

01/06/22--01015--024 ++35.00

FILED
2022 FEB 22 PM 12 38
CLERK OF DISTRICT COURT
JANUARY 2022

A. RAMSEY
FEB 22 2022

A. RAMSEY
FEB 22 2022

X00789, 00524, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hunter's House of Hope, Inc.

DOCUMENT NUMBER: N20000011071

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa Capobianco

(Name of Contact Person)

President of Hunter's House of Hope, Inc

(Firm/ Company)

2535 Ambassador Ave.

(Address)

Cooper City, FL 33026

(City/ State and Zip Code)

huntershousedofhopefl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Capobianco

(Name of Contact Person)

at (954) 736-6732

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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

♡ Hunter's House of Hope ♡



February 8, 2022

Division of Corporations
c/o Annette Ramsey
P.O. Box 6327
Tallahassee, FL 32314

RE: Letter No. 622A00002266

Good day Ms. Ramsey:

I'd like to apologize for the error in the submission. I used a new PDF app and while the signature showed on the PDF, it didn't print. I'm sorry you had to send it back for something I should have double checked. After reviewing all documents to ensure accuracy, I realized I had the wrong city for the business address. I've updated the city as well as executed the Articles of Amendment.

Thank you for your understanding and assistance. Have a wonderful and blessed day.

Kind Regards,

Theresa Capobianco
Founder

Hunter's House of Hope, Inc.
4801 South University Drive, Suite 219
Davie, FL 33328
(954) 736-6732
Charity Registration No. CH64119
EIN No. 85-3327313



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 FEB 22 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FL

January 28, 2022

THERESA CAPOBIANCO
PRESIDENT OF HUNTER'S HOUSE OF HOPE, INC
2535 AMBASSADOR AVE
COOPER CITY, FL 33026 US

SUBJECT: HUNTER'S HOUSE OF HOPE, INC
Ref. Number: N20000011071

We have received your document for HUNTER'S HOUSE OF HOPE, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the amendment form in the space provided at the bottom of page 3.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 622A00002266

Articles of Amendment
to
Articles of Incorporation
of

Hunter's House of Hope, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000011071

(Document Number of Corporation (if known))

FILED

2022 FEB 22 PM 12 38

SECRETARY OF STATE
FLORIDA DEPT. OF STATE

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:

The new 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.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4801 S. University Drive

Suite 219

Davie, FL 33328

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4801 S. University Drive

Suite 219

Davie, FL 33328

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

2535 Ambassador Ave

New Registered Office Address:

(Florida street address)

Cooper City

(City)

Florida 33026

(Zip Code)

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

(Attach additional sheets, if necessary)

Page 2 of 3

The date of each amendment(s) adoption: 01/01/2022

(date of adoption is required)

Effective date if applicable: 01/01/2022

(no more than 90 days after amendment file date)

Adoption 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.

☒ 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 01/01/2022

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)

Theresa Capobianco

(Typed or printed name of person signing)

President

(Title of person signing)