N22000001938

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COVER LETTER

TO: Amendment Section Division of Corporations

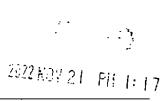
Newfound Hope Co	ounseling Services Inc				
N22000007938					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
Curt Strode					
	(Name of Contact Pe	erson)			
Newfound Hope Counseling Services Inc.					
	(Firm/ Company	y)			
12400 US HIGHWAY 19 N, #732					
	(Address)				
CLEARWATER, FL 33764					
	(City/ State and Zip	Code)			
NEWFOUNDHOPECCS@YAHOO.COM					
E-mail address: (to be use	d for future annual re	port not	ification)	
For further information concerning this matter, pleas	e call:				
CURT STRODE	at	727		282-4722	
(Name of Contact Person			Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made p	payable to the Florida	Departi	ment of S	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		reet Ad	Idress ent Secti	on	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



NEWFOUND HOPE COUNSELING SERVICES INC.

MENT COMPTION E COOMSEEMO SERVICES INC.		
(Name of Corporation as currently filed with the Florid	da Dept. of State)	
N22000007938		
(Document Nu	ımber of Corporation (if knov	vn)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated" o	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	(22)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	, , , , , , , , , , , , , , , , , , , 	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered officers.		ter the name of the
N/A	ce address.	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
	/Ela-:	la street address)
New Registered Office Address:	FIOFIL	a street autress)
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		obligations of the position.
	Signature of New Registere	d Agent, if changing
		0 1 0

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 A Add	PT John Do V Mike Jo SV Sally So	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add	<u>V</u>	JAMES FEAZELL	13801 WALSINGHAM RD A-172
× Remove			LARGO, FL 33774
2) Change Add			
Remove 3) Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add	<u></u>		
Remove			
(attach additional shee	ts, if necessary).	icles, enter change(s) here: (Be specific) TION SHALL BE MODIFIED TO THE FOL	LOWING:
To provide faith-based co	ounseling and trans	sitional housing services to the Florida commi	ınity.
			

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendme	
(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory fili	ng requirements, this date will not be listed as the

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

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

no members or members entitled to vote on the amendment(s). The amendment(s) was/were y the board of directors.
11-15-22 ated
neu ————————————————————————————————————
gnature
(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)
Curt Strode
(Typed or printed name of person signing)
President