N23000004516

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Otty/State/Zip/r Horie 4)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Gertified Gobies Gertificates of States
[<u></u>
Special Instructions to Filing Officer:

Office Use Only



000412332970

07/19/23--01011--013 **52.50

08/10/2028

23 Hill 19 ANIO: 48

COVER LETTER

TO: Amendment Section Division of Corporations

	Serving For Hope Inc	2.			
NAME OF CORPORATION:					
N23	000004516				
DOCUMENT NUMBER:					
The enclosed Articles of Amend	ment and fee are sub	mitted for filing.			
Please return all correspondence	concerning this matte	er to the following	:		
Donita P. Gibson					
 		(Name of Contact	Person)		
N/A		`	,		
		(Firm/ Comp	any)		
12964 Spring Rain Road					
		(Address))		
Jacksonville, Florida 32258					
		(City/ State and Z	ip Code)		
donitagibson@yahoo.com					
E-ma	il address: (to be used	For future annual	report not	ification	
For further information concerni	ng this matter, please	call:			
Donita P. Gibson			941		268-1449
(2)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	at	Cada	(Daytime Telephone Number)
(Na	me of Contact Person)	(Area	Code)	(Daytime Telephone Number)
Enclosed is a check for the follo	wing amount made pa	ayable to the Florie	da Departn	nent of S	state:
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certific Certific	Filing Fee cate of Status ed Copy onal Copy is sed)

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 of

Serving For Hope

(Name of Corporation as currently filed with the	Florida Dept. of State)	
N23000004516			
(Docum	ent Number of Corpora	tion (if known)	
Pursuant to the provisions of section 617.1006, Florament(s) to its Articles of Incorporation:	ida Statutes, this <i>Florid</i>	a Not For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the	corporation:		
Not Applicable			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		orporated" or the abbreviation "C	
	Not Applica	ble	
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL			
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	Not Applica	ble	
			23 .
			- .
D. If amending the registered agent and/or regis new registered agent and/or the new registered		Florida, enter the name of the	
	Not Applicable		AH :
Name of New Registered Agent:		·	
			8.7
		(Florida street address)	
New Registered Office Address:			
		Florida	
	(City)	(Zip Co	de)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		nd accept the obligations of the pos	sition.
	Signature of Ne	w 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	T	Julia Nix	526 Preston Park Drive Duluth, GA 30096
Remove			
2) Change Add	ВМ	Shemica Jacobs	465 Hutchinson Lane St. Augustine, FL 32095
X Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	

			· · · · · · · · · · · · · · · · · · ·		
	 .	<u>.</u>	<u>.</u>		
					· · · · · · · · · · · · · · · · · · ·
·				*** .	
			<u> </u>		
	· · · · · · · · · · · · · · · · · · ·				
	-				
	•				
The date of each amendment(s) adop date this document was signed.	tion:	.,			if other than the
Effective date <u>if applicable</u> :	(no more than 91			,	
	(no more than 91	0 days after amei	ndment file date)		
Note: If the date inserted in this block document's effective date on the Depar	does not meet the ap	pplicable statutor ords.	y filing requirem	ents, this date will r	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)

Adoption of Amendment(s)

	T. L. 12 2 2 2 2
Dated	July 15, 2023
Signature	Mare
(By the mairman 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)
	Nonita P. Gibson
	(Typed or printed name of person signing)