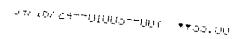
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COVER LETTER

TO: Amendment Section **Division of Corporations**

A Vessel of I	Hope Corporation
N24000001793	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Michael Frazier, Sr.	
	(Name of Contact Person)
A Vessel of Hope Corporation	
	(Firm/ Company)
630 NW 2nd Street	
	(Address)
Gainesville, FL 32601	
	(City/ State and Zip Code)
samlbyrd@aol.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
	at
(Name of Contact	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of 3	
Mailing Address	Street Address

Mailing Address

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

A Vessel of Hope Corporation		FILED
(Name of Corporation as currently filed with the	e Florida Dept. of State)	to the tree test
N24000001793		2024 APR 15 PM 4: 16
(Docum	nent Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Ne</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corporation" or "incorpo e.	The new rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or registered agent and/or the new register		rida, enter the name of the
Name of New Registered Agent:	Sam Byrd	
	14717 NW 193rd Street, Al	achua, FL 32615
New Registered Office Address:	***	(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		cept the obligations of the position.
	Signature of New Ro	egistered 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	PT John Do V Mike Jo SY Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>T</u>	Sam Bvrd	14717 NW 193rd Street Alachua, FL 32615
Remove			
2) _x Change Add	<u>S</u>	Malcolm Kiner	1265 SE12thAvenue Gainesville, FL 32641
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		.41.	
			
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The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
2/23/2024		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not beent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	I by the members and the number of votes cast for the amendment(s)	

	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated	2/23/2024
	(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)
	Michael Frazier
	(Typed or printed name of person signing)
	President
	(Title of person signing)