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DATE: 08/11/2023

NAME: HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC.

TYPE OF FILING: AMENDMENT

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TO: Amendment Section
Division of Corporations

HOPE AND HEL NAME OF CORPORATION:	P CENTER OF CENTRAL	L FLORID	A. INC.
N24735 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	•	
Please return all correspondence concerning this m	atter to the following:		
TY G. ROOFNER / PAIGE HUFF			
	(Name of Contact Perso		
BURR & FORMAN LLP			
	(Firm/ Company)		
200 S. ORANGE AVE., SUITE 800			
	(Address)		
ORLANDO, FL 32801			
	(City/ State and Zip Coo	ie)	
PHUFF@BURR.COM			
E-mail address: (to be us	sed for future annual report	notificatio	n)
For further information concerning this matter, plea	ise call:		
PAIGE HUFF	40 at	17	540-6684
(Name of Contact Pers		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		Address	
Amendadent Section	Amene	unent Sect	1011

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

FILED

HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC.

2023 AUG 11 AM 11: 43

(Name of Corporation as currently filed with the	: Florida Dept. of State)		T STATE
N/A	•	·治·西··································	
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida No</i>	t For Profit Corporation ac	lopts the following
A. If amending name, enter the new name of the	corporation:		
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ated" or the abbreviation "	
B. Enter new principal office address, if applical	N/A		
(Principal office address MUST BE A STREET A.			
	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)		
		_	
D. If amending the registered agent and/or regis new registered agent and/or the new registered		ida, enter the name of the	
 ;	BURR & FORMAN LLP c/	Ty G. Roofner	
	200 S. Orange Ave., Suite 80	00	
	 	(Florida street address)	
New Registered Office Address:			
	Orlando	, Florida	32801
	(City)	(Zip C	ode)
New Registered Agent's Signature, if changing R			
I hereby accept the appointment as registered agent	. I am familiar with and acc	ept the obligations of the po	osition.
	27.91	doffer	
_	Signature of Neve Re	vistered 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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change Add	<u>N/A</u>	N/A	N/A
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add		-	
Remove			
6) Change Add		- <u>-</u>	
Remove			
E. If amending or adding (attach additional sheet	g additio s, if nece.	nal Articles, enter change(s) here: ssary). (Be specific)	
N/A			
	 		

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The date of each amendment(s) adopti date this document was signed.	ion:			, if other than the
Effective date if applicable:				
Enective date in applicable.	(no more tha	n 90 davs after amend	lment file date)	
Note: If the date inserted in this block do document's effective date on the Department.	oes not meet th	e applicable statutory		rill not be listed as the
Adoption of Amendment(s)	(CHECK C	<u>ONE</u>)		
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the memb	pers and the number of	f votes cast for the amendment(s)

Dated	8/10/2023
Signatu	Lisa a. Barr
	(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)
	LISA BARR
	(Typed or printed name of person signing)
	EXECUTIVE DIRECTOR