N41047

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SECRETARY OF STATE

DR 2/7/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Heart of Flor	rida Hope Foundation, Inc.
DOCUMENT NUMBER: N41047	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
Allison Campbell	
<u> </u>	e of Contact Person)
Heart of Florida Hope Four	dation, Inc.
	Firm/ Company)
2800 SE Maricamp Rd	
	(Address)
Ocala, FL 34471	
(City/	State and Zip Code)
Allison@HeartofFlor	
E-mail address: (to be used for fi	ture annual report notification)
For further information concerning this matter, please call:	
Allison Campbell	_{at} 352 351-2479
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Department of State:
(Ac	.75 Filing Fee & S52.50 Filing Fee tified Copy ditional copy is closed)
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



Articles of Incorporation



Heart of Florida Hope Foundation, Inc.

2012 FEB -6 PM 1: 10

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N41047 (Document Number of Corporation (if known)

ARC Marion Foundation, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) New Registered Office Address: (City) (City) New Registered Agent's Signature, if changing Registered Agent:	If amending name, enter the new name	of the corporation:		
"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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) New Registered Office Address: (City) (Zip Code)				The ne
(Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: (City) (Zip Code)			rporated" or the abbreviation "Corp.	or "Inc."
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: (Florida street address) New Registered Office Address: (City) (Zip Code)				_
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: (Florida street address) New Registered Office Address: (City) (Zip Code)				<u>-</u>
Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code)				_
Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code)	If amending the registered agent and/or	registered office address in	Florids, enter the name of the	
(Florida street address) New Registered Office Address:, Florida, Florida, (City) (Zip Code)			i lottaal enter the hame of the	
New Registered Office Address:, Florida, (City) (Zip Code)	Name of New Registered Agent:			
(City) (Zip Code)	ew Registered Office Address:	(Florida street ad	idress)	
(City) (Zip Code)			. Florida	
New Registered Agent's Signature, if changing Registered Agent:		(City)		
			d accept the abligations of the - said an	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	ereby accept the appointment as registered	agent. I am familiar with and	d accept the obligations of the position	

Page 1 of 4

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 <math>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	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change Add Remove					
2) Change Add Remove		_		····	
3) Change Add Remove		_			
4) Change Add Remove					
5) Change Add Remove		_			
6) Change Add Remove					

. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
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<u> </u>		
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The	date of each amendment(s) adoption: January 11, 2012
	February 8, 2012
	(no more than 90 days after amendment file date)
Ado	option of Amendment(s) (<u>CHECK ONE</u>)
	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 2-2-2017
	Signature Mu Day
	(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)
	Tarn Thompson
	(Typed or printed name of person signing)
	President, Board of Directors
	(Title of person signing)