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COVER LETTER

TO: Amendment Section División of Corporations THE INTERFAITH HOSPITALITY NETWORK OF GREATER GAINESVILLE, FLORIDA, INC. NAME OF CORPORATION

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gwain Davis

(Name of Contact Person)

THE INTERFAITH HOSPITALITY NETWORK OF GREATER GAINESVILLE, FLORIDA, INC

(Firm/ Company)

P.O. Box 5189

(Address)

Gainesville, FL 32627-5189

(City/ State and Zip Code)

gainesvilleihn@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gwain Davis

(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & Certificate of Status

Certified Copy

(Additional copy is enclosed)

\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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 Amendment to Articles of Incorporation of

THE INTERFAITH HOSPITALITY NETWORK OF GREATER GAINESVILLE, FLORIDA, INC.

(Name of Corporation as currentl	y filed with the Flo	orida Dept. of State)			
N96000004679					
(Docu	ment Number of Co	orporation (if known)			
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		es, this <i>Florida Not For Pro</i>	ofit Corporation ad	opts the following	
A. If amending name, enter the new name	me of the corporat	ion:			
Family Promise of Gaines	sville, FL. Inc	C.		The new	
name must be distinguishable and contain "Company" or "Co." may not be used in		ition" or "incorporated" or	the abbreviation "	Corp." or "Inc."	
B. Enter new principal office address, i. (Principal office address MUST BE A ST		N/A			
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		N/A·			
D. If amending the registered agent and new registered agent and/or the new			r the name of the		
Name of New Registered Agent:	N/A				
New Registered Office Address:		(Florida street address)		13 D SECI TALL/	an educal
	N/A	· • • • • • • • • • • • • • • • • • • •	_, Florida		l (
	(City)		(Z	Cip Code	•
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			obligations of the po	osition 3	
	Signature of New	Registered Agent, if changi	ing .	gm -	

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove		:	
2) Change			
Add			
Remove			
3) Change	 		
Add			
Remove			
4) Change			
, Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding addition (attach additional sheets, if necessity)	nal Articles, enter ssary). (Be speci	change(s) here fic)	<u>2</u> :		
N/A					
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				an elipara	

The	e date of each amendment(s) adoption: July 2310, 2013	, if other than the
	ective date <u>if applicable</u> : Jan. 1, 2014	
	(no more than 90 days after amendment file date)	
Ad	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 Dec. 2,2013 Signature Wall David	
	-8	
	(By the chairman or fice 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)	
	other court appointed nationary by that reductary)	
	Gwain Davis	
	(Typed or printed name of person signing)	
	Executive Director	
	(Title of person signing)	

FILED

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