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PICK-UP	WAIT	MAIL
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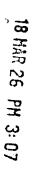


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## **COVER LETTER**

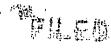
**TO:** Amendment Section Division of Corporations

Hope Biblew	bay, Inc.			
6233				
The enclosed Articles of Amendment and fee are submitted for filing.				
er to the following:				
,				
(Name of Contact Person	n)			
(Firm/ Company)				
(Address)				
3823				
(City/ State and Zip Cod				
o COM	notification)			
call:	,			
at (8	63)812-6035			
n) (Ar	rea Code) (Daytime Telephone Number)			
ayable to the Florida Depa	artment of State:			
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
_	Address			
	mitted for filing.  er to the following:  (Name of Contact Person  (Firm/ Company)  (Address)  (City/ State and Zip Cod  (City/ State annual report call:  at (Sa)  ayable to the Florida Depart Company)  (State and Cip Cod  (City/ State annual report call:  (Sa)  (City/ State annual report call:  (City/ State an			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



Corporation as currently filed with the Florida Dept. (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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: NLA Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. NA

Signature of New 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	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<del>bp</del>	John L. Brown	3035 Taylor Rd. Auburnalale Fl. 33823
2) Change Add	Co- Paster	Sarah A. Brown	3035 Taylor Rd Auburndale Fl,
Remove 3) Change Add Remove	S	Lillian Russell	33823 1667 2nd St. M.W. Winter Haven Fl. 33881
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
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only address change for all three officiers

The flate of each amendment(s) adoption:
Effective date if applicable: \(\text{\text{10 more than 90 days after amendment file date}\)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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 40000 19, 2018.
Signature John J. Brown
(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)
John L. Brown
(Typed or printed name of person signing)
President Pastor (Title of person signing)