197000000038

(Requestor's Name)			
· (Ad	ldress)		
(Ac	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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SECREPARY OF STATE
TALLAHASSEE, FLORID

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The Correction has been made 7/9/2013

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 13, 2013

Deborah Graham There's Hope, Incorporated 7421 Douglas Blvd, Ste N-129 Douglasville, GA 30135

SUBJECT: THERE'S HOPE, INCORPORATED

Ref. Number: N97000000038

We have received your document for THERE'S HOPE, INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 013A00014881

TO: Amendment Section

To:

Fax: +1 (850) 245-6897

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: There's Hope Incorporate
DOCUMENT NUMBER: N9700000038
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Torry a Hill (Name of Contact Person)
There's Hope Incorporation (Firm/Company)
7421 Douglas Blud Ste N-129
Douglas Ville, GA 30135 (City/ State and Zip Code)
DE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tonya Hill at (675) 517-7352 (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:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Scrifficate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

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

	Articles of Incorporation	
—Ti	of	FILED
<u>lhere's</u>	Hope, Theorpe	SYQ+COL 111 22 AM 10: 19
	y filed with the Florida Dent. of State)	ZUIO JOL ZZ
	0038	SERRE WARY OF STATE PALLAHASSEE, FLORID
•	ument Number of Corporation (if known)	TALLAHASSEL: 120111
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat	1006, Florida Statutes, this <i>Florida Not Fo</i> ion:	or Profit Corporation adopts the following
A. If amending name, enter the new na	me of the corporation:	
Marpe Dam	Toc	The new
name must be distinguishable and contain	the word "corporation" or "incorporate	The new
"Compuny" or "Co." may not be used in	the name.	
B. Enter new principal office address, i		
(Principal office address MUST BE A ST	TREET ADDRESS)	
C. Enter new mailing address, if appli-	cable:	
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)	
	d/or registered office address in Florida	, enter the name of the
new registered agent and/or the nev	v registered office address:	
Name of New Registered Agent:		
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Florida street address)	
New Register eu Office Naur ess.		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cl		
I hereby accept the appointment as regist	ered agent. I am familiar with and accep	t the obligations of the position.
	Signature of New Registered Agent, if c	hanging

C	T	E-4
From:	r ax	rax

Fax: (866) 602-3797

To:

Fax: +1 (850) 245-6897

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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:

 $P-President;\ V=Vice\ President;\ T=Treasurer;\ S=Secretary;\ D=Director;\ TR-Trustee;\ C=Chairman\ or\ Clerk;\ CEO=Chief\ Fxecutive\ Officer;\ CFO=Chief\ Financial\ Officer.\ If\ an\ officer/director\ holds\ more\ than\ one\ title,\ list\ the\ first\ letter\ of\ each\ office\ held.\ President,\ Treasurer,\ Director\ would\ be\ PTD.$

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 Jo 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			
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5) Change			
Add			
Remove		•	
6) Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter char (Be specific)	nge(s) here:		
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Fax: (866) 502-3797	To:	Fax: +1 (850) 245-6897	Page 2 of 2 7/25/2013 2:27
The date of each amendment date this document was signed.	a) adojtivis:	, 2013	, if other than the
Effective date if austicable:	(no more than 90 days	20\3 after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	•	
was/were sufficient for app	nembers entitled to vote on the am		• •
Dated	1/25/13		
	chairman or vice chairman of the l	ward, president or other officer	-if directors
	of heen selected, by an incorporate		, mistee, or
ouic; c	our appointed aductory by that fie	inciary)	
	Deborah Gra	ham	
	(Typed or printed name of po	erson signing)	
•	Prosident		

(Title of person signing)

From: Fax Fax