N97000003193

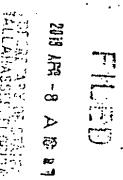
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COVERTELLER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PE COMMUNITY I	DEVELO	MENT
N97000003193 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted	l for filing.		
Please return all correspondence concerning this matter to the	he following:		
EVVIE S FASHAW			
(Nan	ne of Contact Person)	
RESTORATION OF HOPE COMMUNITY DEVELOPM	ENT CENTER, INC	•	
((Firm/ Company)		
322 SW 6 AVENUE			
	(Address)		
DELRAY BEACH FL 33444			
(City	/ State and Zip Code)	
FASHAWS@BROWN.EDU			
E-mail address: (to be used for fi	uture annual report n	otification)
For further information concerning this matter, please call:			
EVVIE S FASHAW		-789-3241	
(Name of Contact Person)	atat	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Depar	tment of S	tate:
(Ac	3.75 Filing Fee & rtified Copy dditional copy is iclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address

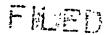
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

Articles of Amendment

Articles of Incorporation of



RESTORATION OF HOPE COMMUNITY DEVELOPMENT CENTER, INC. (Name of Corporation as currently filed with the Florida Dept. of State N97000003193 (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: THE RENAISSANCE COMMUNITY DEVELOPMENT CENTER INC 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: **EVVIE'S FASHAW** Name of New Registered Agent: 322 SW 6 AVENUE (Florida street address) New Registered Office Address: DELRAY BEACH (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 A Add	<u>V</u> <u>Mil</u>	n Doe ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	TAWANA FERGUSON	1021 SW 11 COURT
Add			DEERFIELD BEACH FL 33441
X Remove			
2) Change	TD	SABRINA FERGUSON	322 SW 6 AVENUE
X Add			DELRAY BEACH, FL 33444
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

It amending or adding additional Articles (attach additional sheets, if necessary).	(Be specific)
	
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I ne date of each amendment(s) adoption:		, if other than the	
date	e this document was signed.		
Eff	ective date if applicable:		
	(no more than 90 days after amendment file date)		
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not become the date on the Department of State's records.	e listed as the	
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 APRIL 2, 2019		
	Signature Quic D. Hashaw	_	
	(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)		
	EVVIE \$ FASHAW		
	(Typed or printed name of person signing)		
	VICE PRESIDENT		
	(Title of person signing)		