N99000001029

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SECRETARY OF STATE
TALLAHASSEE, FLORID

Amond C.COULLIETTE

MAR 04 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: Hope For Hait	, Inc.		
DOCUMENT I	NUMBER: <u>N9900001029</u>			
The enclosed A	ticles of Amendment and fee are sub	mitted for filing.		
Please return all	correspondence concerning this matt	er to the following:		
-	JoAnne M. Kuehner			
	(Name of	Contact Person)		
_	Hope F	or Haiti, Inc.		
	(Firm	Company)	<u> </u>	
	1021 5th	Avenue North		
-		address)	<u> </u>	
	N1	El 04400		
-	•	e and Zip Code)		
	` ·	• ,		
_	joanne@h	opeforhaiti.com I for future annual report notific	vation)	
For further infor	mation concerning this matter, please	•		
JoAnne M. K	uehner	at (239) 434-718	33	
4)	Jame of Contact Person)	(Area Code & Dayti	me Telephone Number)	
Enclosed is a ch	eck for the following amount made pa	ayable to the Florida Departmen	nt of State:	
☑ \$35 Filing Fe	Certificate of Status	\$43.75 Filing Fee & 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 Fallahassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle	

Articles of Amendment to Articles of Incorporation of

Hope For Haiti, Ir	nc.				
(Name of Corporation as currently filed with	the Florida Dept, of State)				
N9900001029					
(Document Number of Corpora	ation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corpe</i>	oration adopts			
A. If amending name, enter the new name of the corporati	on:				
N/A					
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	d "corporation" or "incorporated" ot be used in the name	or the			
B. Enter new principal office address, if applicable:	1021 5th Avenue North				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Naples, FL 34102	10 HAR			
	五 2	7 70 mm			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1021 5th Avenue North				
	Naples, FL 34102	32 0RA			
		>> >			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		ne of the			
Name of New Registered Agent:	same				
1021 5	5th Avenue North				
New Registered Office Address: (Flor	rida street address)				
	Naples , Florida	34102			
	(City) (Zip C				
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.	Agent: a familiar with and accept the oblig	gations of the			
Signature of New	v 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VTD</u>	Keith Hussey	900 Broad Ave S Ste #C Naples, FL 34102	Add ☑ Remove
E. <u>If amer</u> (attach a	iding or adding additional Article additional sheets, if necessary).	es, enter change(s) here: (Be specific)	
			·

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