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Amend

AUG 1 3 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: HANDS OF PRAI	SE, INC.	
DOCUMENT NUMBI			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	OANN DIBLASIO		_
_		Name of Contact Person	1
ŀ	HANDS OF PRAISE, INC.		
_	<u>-</u>	Firm/ Company	
6	5324 ROWAN ROAD		
_	-	Address	
ì	NEW PORT RICHEY, FL. 3	4653	
_		City/ State and Zip Cod	e
ONET	RINITYPLACE@GMAIL.C	COM	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOANN DIBLASIO		at (727	808-1823
Name o	Name of Contact Person Area Code & Daytime Telephone Nu		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & 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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name o	of Corporation as current	ly filed with the Florida Dept. of S	<u>tate</u>)	
HANDS OF PRAISE, INC.				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts	the following amendmen	t(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc." or "	"Co". A professional corporation	" or the abbreviation name must contain the	
B. Enter new principal office address,	if annlicable:	N/A		
(Principal office address MUST BE A S				
			20103	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST		N/A 	<u> </u>	•.
			P 1	
		<u></u>		_ ^
			<u> </u>	
D. If amending the registered agent ar	nd/or registered office add	lress in Florida, enter the name of	<u>the</u>	
new registered agent and/or the ne-		<u>s:</u>		
Name of New Registered Agent	JOANN DIBLASIO			
	6324 ROWAN ROAD			
	(Florida st	rect address)		
New Registered Office Address:	NEW PORT RICHEY	. Flor	34653	
registered Office marcia.		(City)	(Zip Code)	
	\sim			
New Registered Agent's Signature, if chereby accept the appointment as regis.	hanging Registered Agen	<u>t:</u> with and accept the obligations of t	he navitian	
	u / / / / / / / / / / / / / / / / / / /	min and accept the obligations of a	K pranton.	
		,		
	Signature of New	Registered Agent, if changing		
	17			

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	JOANN DIBLASIO	6324 ROWAN ROAD
X Add			NEW PORT RICHEY, FL.
Remove			34653
2) Change	þ	DIANE BACCILE	4737 WESTBURY COURT
Add			NEW PORT RICHEY, FL.
X Remove			34655
3) Change			-
Add -			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
A	
··-	
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
'A	
_	
1.00	

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	AUGUST 1, 2019 (s) adoption:	, if other than the
date this document was signed	AUGUST 1, 2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
AUG	JST 1, 2019	
Dated		
Signatura		
	by a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
aj	opointed fiduciary by that fiduciary)	
	JOANN DIBLASIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	