## P06000087127

(Re	equestor's Name)	•		
(Ad	dress)			
(Ád	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100290293931

09/30/16--01010--012 \*\*35.00

OCT + 8 2016 C LEWIS



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2016

MELISSA MAIN / VILLA OF HOPE INC 796 GOLFSIDE LANE SEBRING, FL 33870 US

SUBJECT: VILLA OF HOPE, INC. Ref. Number: P06000087127

We have received your document for VILLA OF HOPE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are trying to change officers or directors, or just the mailing address. You will need to fill out the amendment form. If you are trying to change the registered agent in part 6, you need to put the name of the new agent as well in part 6. I am enclosing the amendment form for your convenience.

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

Letter Number: 016A00021506

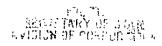
Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	la of Hope
$\overline{\rho_{0}}$	LODDA GM 127
DOCUMENT NUMBER: Y U	(D) (O) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	Melissa Main
· .	Name of Contact Person Wha of Hope
1	76 Colfs/de Lane
	City Late and Zip Code
mainu	riters @ amail.com
E-man address:	to be used for future applial report notification)
For further information concerning this matt	r, please call:
MeUSSa Main Name of Contact Person	at (803) 414-6164  Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	made payable to the Florida Department of State:
should be a check for the following amount	20 % Desta 75 Billion For & Desc 50 Billion For Bullion For Bullio
\$35 Filing Fee \$\Bigcup \\$43.75 Filing I Certificate of S	Latus Certified Copy Certificate of Status (Additional copy is Certified Copy  Certified Copy  Certified Copy  Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	enclosed)  (Additional Copy is enclosed)  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment



to
Articles of Incorporation

49

·••	of 2016 OCT 17 AM 9:
•	Villa of Hook, Tac
(Name of Corporation	as currently filed with the Florida Dept. onState)
	P06000087127
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Villa of Hope 790 Golfside Lane
	Sebring, FL 33870
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
<del>-</del>	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Hudress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:
i nereby accept the appointment as registered agent. I a	m familiar with and accept the obligations of the position.
Signate	ire 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	PT	John Doe
X Remove	<u>V</u>	Mike Jones
_X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)  1) Change Add Remove	Title	Gerald Michael Griffis II 11725 NECR79:  Raiford, FL 32083
2) Change Add Remove		
3 ) Change Add Remove		
4) Change Add Remove		
5) Change Add		
Remove 6) Change Add		
Remove		

ttach additional sheets, if necessary).	(Be specific)
,	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	noment is not contained in the amendment usen:
(Jane approache) manage (1771)	$\Lambda / \! / \Lambda$
	1V/H
	1,7 *
-	

The date of each amendment(s) adoption:	if other than th
date this document was signed.	AVISION OF CORPORALLO
Effective date if applicable:  (no more than 90 days after amendment file date)	<del>2018 OCT   7 AM 9</del> : 49
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
$D_{Dated} = 10/12/16$	<b>^</b>
Signature Melissa Main - Pr	resident
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
Melissa Main	
(Typed or printed name of person signing)	
President	

(Title of person signing)