## P10000024014

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## COVER LETTER

TO: Antendment Section	·
Division of Corporations	
NAME OF CORPORATION: HODES R	An Creations INC.
DOCUMENT NUMBER: 12000	024014
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
TIRA C. I	MANN
	Name of Contact Person
.2.5	Firm/ Company
1010 Pine	Address Dr. ve William
Wellington,	FL 33414
. 0 '	City/ State and Zip Code
nones reign	ed for future annual report notification)
For further information concerning this matter, please	e call:
Tira MAnn	11,5W1, 234-0478
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
S35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Compositions	Artendment Section
Division of Corporations P.O. Box 6327	Di∲ision of Corporations The Centre of Tallahassee
Tallahasaee, FL 32314	2415 N. Monroe Street, Suite 810
•	Tallahassee FL 32303

Articles of Amendment to Articles of Incorporation

	Banky S	
f State)		00

Hopes Lain Creations.	ulc. See te
P12000 24014	y filed with the Florida Dept. of State)
(Document Number o	f Curporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  Hope's Reign Tree  name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 2 "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	1310 Pine Valley Drive Wellington FL 33414
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1310 Pine Valley Drive Wellington, FL 33414
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	
New Registered Office Address: N A	reet address), Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t <u>:</u> with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e). FS.

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice H Executive Officer; CFO = President, Treasurer, Dire Changes should be noted	and/or D if necess vector title President, Chief Fi vector wot in the fol ves the co	irector being added ary) e by the first letter of : T= Treasurer; S= nancial Officer, If an dd be PTD. lowing manner, Cur orporation, Sally Sm.	:  the office title:  Secretary; D= D  n officer/director  rrently John Doc  ith is named the	irector; TR= Tri holds more than is listed as the P	lirector being removed and title, name, and ustee; $C = Chairman \ or \ Clerk; \ CEO = Chief one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,$
X Change	<u>PT</u>	John Doe			
X Remove	$\underline{V}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	1.1		<u>Addres</u> s
1) Change	<del></del>		//A	<u></u>	
Add			į		
Remove				!	
2) Change		-	· · · · · · · · · · · · · · · · · · ·		
Add					
Remove 3 ) Change		_			
Add					
Remove					
4) Change					
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Remove					
5) Change	<del></del>	<del>-</del>			
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here (Attach additional sheets, if necessary). (Be specific)	
· N/A	
. If an amendment provides for an exchange, reclassification, or	cancellation of issued shares,
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	n the amendment itself:
N/A	
	-
	_

The date of each amendment(s) adop	otion:	, if other than the
date this document was signed.	NA	
Effective date <u>if applicable</u> :	no more than 90 day	after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depa		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffi	-	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were appro must be separately provided for ea		yoting groups. The following statement reparately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were suf	ficient for approval
by	(voting group)	," 
Dated Novem	1Der 9,2022	
selected, l		directors or officers have not been ds of a receiver, trustee, or other court
——————————————————————————————————————	(Typed or printed name	of person signing)
	CEO	
	(Title of person signing	)