

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FresHope Ministries, Inc.

DOCUMENT NUMBER: N08000000470

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Sallee'

(Name of Contact Person)

The Ruth House

(Firm/ Company)

33 Raintree Place

(Address)

Palm Coast, FL 32164

(City/ State and Zip Code)

theruthhousefl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Sallee'

386

597-7638

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 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)

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

2016 SEP 23 AM 8:28

Articles of Amendment
to
Articles of Incorporation
of

FresHope Ministries, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N08000000470

(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 Ruth House Ministries, Inc.

The new 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**)*

33 Raintree Place

Palm Coast, FL

32164

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

33 Raintree Place

Palm Coast, FL

32164

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:

Name of New Registered Agent: NA

(Florida street address)

New Registered Office Address:

NA

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Linda Krehling</u>	<u>2755 68th St. SW</u> <u>Naples, FL</u> <u>34105</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Donna Rigney</u>	<u>18 Fallen Oak Lane</u> <u>Palm Coast, FL</u> <u>32137</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Kallai Santana</u>	<u>100 Bent Tree Dr, Apt. 182</u> <u>Daytona Beach, FL 32114</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Consuelo Santana</u>	<u>7 White Star Dr.</u> <u>Palm Coast, FL</u> <u>32164</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>Lori Merschorf</u>	<u>9701 E Hwy 25, Unit 171</u> <u>Bellevue, FL 34420</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

We will provide a Victims Assistance program for Human Trafficking victims over 18, who need emergency care, along with providing transitional safe home(s) for Women over 18 who have been accepted into our long term program.

They will receive Intensive Counseling, Trauma Therapy, and Life Skills training with the goal to transition the women into a normal healthy lifestyle of independence.

The date of each amendment(s) adoption: Sept. 17, 2016 2016 SEP 23 AM 8:28 If other than the date this document was signed.

Effective date if applicable: Sept. 17, 2016
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- 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 09/17/2016

Signature Donna Sallee

(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)

Donna Sallee
(Typed or printed name of person signing)

President
(Title of person signing)