NO8000005972

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14 MAY -8 PM 4: 57 SECALIARY OF STATE SALE AHASSEE, PLOADS

C. LEWIS

MAY 2 0 2014

EXAMINER

COVER LETTER

Division of Corporations DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) (Address) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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

APPROVED AND FILED

Articles of Amendment Articles of Incorporation

14 MAY -8 PM 4: 57

A	rticles of Incorporation	= +** * 1**
	of emerging	TARY OF STATE
Tal 1 11/1/21	- I C C C C TALLAS	AASSEE, FLUIDUM
Jabernache of Hope a	PARSHIP (entre TARCILLA	
(Name of Corporation as currently filed with t	ne Florida Dept. of State)	
1/		
NO800005972)	
(Document Numbe	of Corporation (if known)	
(Doubling Halling	or corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida	Statutes this Florida Not For Brofit Corneration	andonto the following
	natures, tills Florida Not For Froja Corporation	r adopts the following
amendment(s) to its Articles of Incorporation:		
A 16	41	
A. If amending name, enter the new name of the cor	poration:	
Doning Pluc to be solve	1 700	
- Frayer Flus LATERINATIO	nal Loc	The new
name must be distinguishable and contain the word "co	rporation" or "incorporated" or the abbreviatio	on "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
	in each of 1	
B. Enter new principal office address, if applicable:	10 Da 131 Strate	
(Principal office address MUST BE A STREET ADDI	(ESS)	\ c ~~
	Lake water F1 33	<u> </u>
		
C. Enter new mailing address, if applicable:	a 41	
(Mailing address MAY BE A POST OFFICE BOX	515-Domocis Alle	
(· Company of the	-
	Late Wales Fl 3	そのぐつ
	MAN MULLS / L	~~~~
		
D. If amonding the projet-red agent and/on varietors	d office address in Florida, entenths nome of	th a
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	a office address in Fforida, enter the name of	<u>.ne</u>
new registered agent and/or the new registered o	ince address:	
Non Chan D. Ca adda	/ / //	
Name of New Registered Agent:	——————————————————————————————————————	
N= P==i-t== 100 = 111	(Florida street address)	
New Registered Office Address:	^	
1//1	1	
<u> </u>	7, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of th	e position.
1//^		
Signature o	New Registered Agent, if changing	

Page 1 of 4

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 X Remove X Add	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	<i>N/H</i>	
Add		
Remove	.//_	
2) Change	<i>NIH</i>	
Add	1	
Remove	1//	
3) Change	N/PT	
Add		
Remove	x///x	
4) Change		
Add		
Remove	. 1/ 1	
5) Change	NH	
Add		
Remove	V / / A	
6) Change	<u> </u>	
Add		
Remove		

(attach additional sheets, if necessary). (Be specific)	E. If amending or adding additional Articles, enter change(s) here:					
		(Be specific)				
	N/A					
						
			··· ·			
						
						
						
						
<u> </u>	· · · · · · · · · · · · · · · · · · ·					
			·			
						

•	• •	/ n	APPROVED AND	
	date of each amendment(s) ado	ption:	FILED	, if other than the
	ective date <u>if applicable</u> :	(no more than 90 days afte	14 MAY -8 PM 4: 57	
Adı	option of Amendment(s)	(CHECK ONE)	TALLAHASSEE, FI DROW	
			mber of votes cast for the amendment(s)	
区	There are no members or member adopted by the board of directors		ment(s). The amendment(s) was/were	
	have not been		d, president or other officer-if directors f in the hands of a receiver, trustee, or ary)	
	- Enanter	Typed or printed name of person (Title of person signin	gent	