

N20000002253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

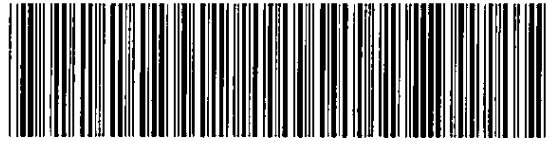
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2023

THE HAITI REPOSITORY INC
11826 Oldegrove Pl
TEMPLE TERRACE, FL 33617

SUBJECT: THE HAITI REPOSITORY INC.
Ref. Number: N20000002253

We have received your document for THE HAITI REPOSITORY INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a INCORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 923A00017537

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STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Haiti Repository Inc.

DOCUMENT NUMBER: N20000002253

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

Please return all correspondence concerning this matter to the following:

Timothy T Schwartz
(Name of Contact Person)

Haiti Repository Inc.
(Firm/ Company)

11826 Oldegrove Pl.
(Address)

Temple Terrace, Fl. 33617
(City/ State and Zip Code)

Timotuck@sociodig.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Serge Boissette at 786 470 7905
(Name of Contact Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment
to
Articles of Incorporation
of

Haiti Repository Inc.

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

N20000002253

(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 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)

C. Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX)

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: Serge A Boissette _____

1037 SW 147th Street

(Florida street address)

New Registered Office Address: _____
Pembroke Pines, Florida 33027
(City) (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.

Serge A Boissette
(Signature) of New Registered Agent, if changing

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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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
✓ 1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>MGR</u>	<u>Timothy Schwartz</u>	<u>11826 Oldegrove Pl</u> <u>Temple Terrace, Fl. 33617</u>
✓ 2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>MGR</u>	<u>Stephane Grandvaux</u>	<u>Flat E Court 9, Waterway Ave</u> <u>London, SE13 7GB</u>
✓ 3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AMBR</u>	<u>Kate Stanton Paule</u>	<u>135 Stonchouse Road</u> <u>Glenridge, NJ. 07028</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>AMBR</u>	<u>Carolyn A Adrien</u>	<u>85 NW 94th Street</u> <u>Miami Shores, Fl. 33150</u>
✓ 5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AMBR</u>	<u>Josette Delorme-Pierre</u>	<u>97 Meadowcroft Crescent</u> <u>Ottawa, Ontario, Canada K1J1H1</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AMBR</u>	<u>Patrick Delorme</u>	<u>97 Meadowcroft Crescent</u> <u>Ottawa, Ontario, Canada K1J1H1</u>

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

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

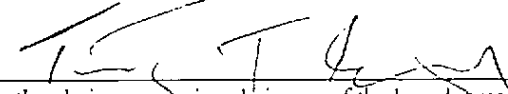
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 February 25, 2023 _____

Signature  _____

(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)

Timothy T Schwartz

(Typed or printed name of person signing)

Manager

(Title of person signing)

REC-13
FEB 25 11:24 AM '23