## 734298

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Amera Newis 11-22-10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	NAME	NAME OF CORPORATION: Christian Haitian Outreach, Inc						
	DOCUMENT NUMBER: 734298							
	The enclosed Articles of Amendment and fee are submitted for filing.							
	Please return all correspondence concerning this matter to the following:							
			<u></u>	**	illa Davio			
	0 NOV 19 AM11: 39					ŕ	ne	
$\Box$		ADA AIDA	Christian Haitian Outreach, Inc (Firm/ Company)					
A C F I V E L		CF SI		14221 SW 12	20th Stre	et, Ste. 1	27	
	61 1	FINEY		(	Address)			
Ĭ	O NO	SECR		Miam	i, FL 33	186		
	_	<b>,-</b>	(City/ State and Zip Code)					
		-		gaildlew				
	E-mail address: (to be used for future annual report notification)							טוו)
	For further information concerning this matter, please call:							
	Drucil	la Dav		-	at (_	305	385-6881	<del></del>
	(Name of Contact Person)					(Area Co	ode & Daytime	Telephone Number)
	Enclosed is a check for the following amount made payable to the Florida Department of State:							f State:
	□\$35	Filing F		\$43.75 Filing Fee & Certificate of Status	Certif	,	y is	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
			Amenda Division P.O. Bo	Address ment Section of Corporations x 6327 ssee, FL 32314		Division Clifton E 2661 Ex	nent Section of Corporations	

## Articles of Amendment to Articles of Incorporation of

Christian Haitian Outreach, Inc.					
(Name of Corporation as currently filed with the Florida Dept. of State)					
734298					
(Document	Number of Corporation	on (if known)			
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of		this <i>Florida Not For F</i>	Profit Corporation adopts		
A. If amending name, enter the new nan	ne of the corporation	<u>:</u>			
The new name must be distinguishable an abbreviation "Corp." or "Inc." "Compan			corporated" or the		
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 <u>MAY BE A POST O</u>	FFICE BOX)	<del></del>			
			<u> </u>		
D. If amending the registered agent and			ter the name of the		
new registered agent and/or the new i					
Name of New Registered Agent:	Druci	lla Davidson	<del></del>		
	14221 SW 1	20th Street, Ste. 12	<u>7</u>		
New Registered Office Address:	(Florid	la street address)			
		Miami	Florida 33186		

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

(City)

(Zip Code)

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	Eleanor Workman		<b>—</b> _
·····			
E. <u>If amen</u> (attach a	ding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here: specific)	
<del></del>			
<u></u>			

The date of each amendment(s) adoption: October 28, 2010				
Effective date <u>if applicable</u> :	October 28, 2010 (date of adoption is required)			
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.			
adopted by the board of di				
Dated	Overreleer 10, 2010  Albert James			
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or the court appointed fiduciary by that fiduciary)			
	Albert James			
	(Typed or printed name of person signing)			
	Chairman			
	(Title of person signing)			