

NO10000008227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

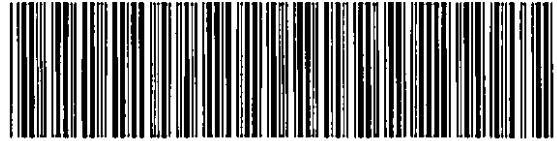
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18 AUG 22 AM 9:25  
TALLAHASSEE, FLORIDA

AUG 23 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2018

ELIZABETH JEANTY  
HAITIAN-AMERICAN HISTORICAL SOCIETY, INC  
9620 NE 2ND AVENUE STE 8  
MIAMI SHORES, FL 33138

SUBJECT: HAITIAN-AMERICAN HISTORICAL SOCIETY, INC.  
Ref. Number: N01000008227

We have received your document for HAITIAN-AMERICAN HISTORICAL SOCIETY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 418A00017304

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HAITIAN-AMERICAN HISTORICAL SOCIETY, INC

DOCUMENT NUMBER: N01000008227

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

Please return all correspondence concerning this matter to the following:

ELIZABETH JEANTY

(Name of Contact Person)

HAITIAN-AMERICAN HISTORICAL SOCIETY, INC

(Firm/ Company)

9620 N E 2 ave Suite 8A

(Address)

MIAMI SHORES, FLORIDA 33138

(City/ State and Zip Code)

ELIZABETH.JEANTY@GMAIL.COM

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

For further information concerning this matter, please call:

ELIZABETH JEANTY

305

370-9004

at

(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:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

HAITIAN-AMERICAN HISTORICAL SOCIETY, INC

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

N01000008227

(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:**

N/A

*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)

9620 N E 2 Ave Suite 8A

MIAMI SHORES, FL 33138

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 611474

NORTH MIAMI, FL 33261

**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:

ELIZABETH JEANTY

758 NW 121 STREET

(Florida street address)

New Registered Office Address:

NORTH MIAMI

(City)

Florida 33168

(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.*

DocuSigned by:

ELIZABETH JEANTY

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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) <u>    </u> Change	<u>CD</u>	<u>FILS-AIME, DANIEL</u>	<u>9620 N E 2 ave</u>
<u>    </u> Add			<u>C4</u>
<u>X</u> Remove			<u>MIAMI SHORES, FL 33138</u>
2) <u>X</u> Change	<u>P</u>	<u>EXULIEN, JEAN C</u>	<u>220 NE 48 STREET</u>
<u>    </u> Add			<u>MIAMI, FL 33137</u>
<u>    </u> Remove			
3) <u>X</u> Change	<u>VP</u>	<u>CHARLES, CLAUDE</u>	<u>145 NW 127 STREET</u>
<u>    </u> Add			<u>N MIAMI, FL 33161</u>
<u>    </u> Remove			
4) <u>    </u> Change	<u>TD</u>	<u>JEANTY, ELIZABETH</u>	<u>758 NW 121 STREET</u>
<u>X</u> Add			<u>NORTH MIAMI, FL 33168</u>
<u>    </u> Remove			
5) <u>    </u> Change		<u>N/A</u>	
<u>    </u> Add			
<u>    </u> Remove			
6) <u>    </u> Change		<u>N/A</u>	
<u>    </u> Add			
<u>    </u> Remove			

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

N/A

08/14/2018

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

08/14/2018

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.

08/14/2018

Dated \_\_\_\_\_

Signature \_\_\_\_\_

DocuSigned by:

ELIZABETH JEANTY

5C18B58E1187466

(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)

ELIZABETH JEANTY

\_\_\_\_\_  
(Typed or printed name of person signing)

TREASUER-DIRECTOR

\_\_\_\_\_  
(Title of person signing)