NO30000 7504

(Re	equestor's Name)	<u> </u>			
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SECRETARY OF STATE

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TO: Amendment Section **Division of Corporations**

•							
NAME OF CORPORATION: FICS+	Haition	Baptest					
DOCUMENT NUMBER: NO300	0007504	- Chorch					
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matte	er to the following:						
Mame of Chame of	Contact Person)	yuste					
Haitian F	Company)	unch of Crod					
1419 28th S	t Wast 5						
Bradenton	e and Zip Code)	-205					
pierre xeke va	MOO, COM	ion)					
For further information concerning this matter, please	-	,					
Harme of Contact Person)	Area Code & Daytime	7-5707 e Telephone Number)					
Enclosed is a check for the following amount made pa	ayable to the Florida Department of	of State:					
\$35 Filing Fee \$\to\$ 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	Street 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 SECRETARY OF STATE

Corporation as currently filed with the Florida Dept. or (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 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: (Florida street address) New Registered Office Address: (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.

Signature of New Registered Agent, if changing

Page 1 of 3

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
Director Director	Cheners	Similien	GI23 5th Street E	Add Remove
Director	harise D	Payuste	14 19 28+h St Dridenton FL 34205	UleS+ ☑ Add ☐ Remove
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