

NO7000009712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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09/22/08--01035--014 **35.00

*Amend
NC*

FILED
08 NOV -6 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts NOV 06 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2008

JEAN MARIE OLIVIER
EACCOUNTANTSMALL.COM, LLC
2331 N.E. 5TH AVENUE
POMPANO BEACH, FL 33064

SUBJECT: HAITI TOURISM DEVELOPMENT SUMMIT, INC.
Ref. Number: N07000009712

We have received your document for HAITI TOURISM DEVELOPMENT SUMMIT, 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 108A00051903

RECEIVED
2008 NOV 9 - AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HAITI TOURISM DEVELOPMENT SUMMIT, INC.

DOCUMENT NUMBER: N07000009712

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

Please return all correspondence concerning this matter to the following:

Jean Marie Olivier
(Name of Contact Person)

eAccountantsMall.com, LLC
(Firm/ Company)

2325 N.E. 5th Avenue
(Address)

Pompano Beach, FL 33064
(City/ State and Zip Code)

For further information concerning this matter, please call:

Wilfrid Belfort at (305) 300-9798
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
08 NOV -6 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAITI TOURISM DEVELOPMENT SUMMIT, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N07000009712

(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:

HAITI TOURISM DEVELOPMENT, INC.

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)

1030 NE 180th Terrace

North Miami Beach, FL 33162

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:

New Registered Office Address:

(Florida street address)

_____, Florida
(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

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

Page 2 of 3

The date of each amendment(s) adoption: 10-27-08

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

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 10-27-08

Signature Wilfrid Bel Fort
(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)

WILFRID BELFORT
(Typed or printed name of person signing)

President
(Title of person signing)