

NO7000 011 728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

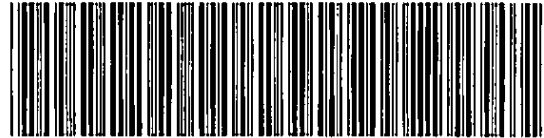
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 NOV 25 PM 4:45

STATE OF FLORIDA
TALLAHASSEE, FL

NOV 25 2019

C. WISE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2019

ADLINE PIERRE
8028 ASPENCREST CT
ORLANDO, FL 32835

SUBJECT: COMPASSIONATE HELPING HANDS, INC.
Ref. Number: N07000011728

We have received your document for COMPASSIONATE HELPING HANDS, 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):

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 119A00022336

RECEIVED
2019 NOV 25 PM 12:24

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COMPASSIONATE HELPING HANDS, INC.

DOCUMENT NUMBER: N07000011728

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

Please return all correspondence concerning this matter to the following:

ADLINE PIERRE

(Name of Contact Person)

COMPASSION HELPING HANDS, INC

(Firm/ Company)

8028 ASPENCREST CT

(Address)

ORLANDO, FLORIDA 32835

(City/ State and Zip Code)

JACFFET.PIERRE@YAHOO.COM

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

For further information concerning this matter, please call:

ADLINE PIERRE

407

694-1028

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:

- | | | | |
|---|--|---|--|
| ☒ \$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

COMPASSIONATE HELPING HANDS, INC.

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

N07000011728

(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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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:

ADLINE PIERRE

8028 ASPENCREST CT

(Florida street address)

New Registered Office Address:

ORLANDO

(City)

Florida 32835

(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.

Adline Pierre

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:

☒ Change	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</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) ☐ Change	<u>DC</u>	<u>MARIE E MORTEL</u>	<u>8028 ASPENCREST CT</u>
☐ Add			<u>ORLANDO, FL 32835</u>
☒ Remove			
2) ☐ Change	<u>DT</u>	<u>IVANS M MORTEL</u>	<u>8028 ASPENCREST CT</u>
☐ Add			<u>ORLANDO, FL 32835</u>
☒ Remove			
3) ☐ Change	<u>DV</u>	<u>MARIE SMALL</u>	<u>6108 QUAIL RIDGE DR</u>
☐ Add			<u>LAKELAND, FL 33813</u>
☒ Remove			
4) ☐ Change	<u>DS</u>	<u>SERGENA SIMILUS</u>	<u>4902 NORTH MACDILL AVE</u>
☐ Add			<u>APT 209</u>
☒ Remove			<u>TAMPA, FL 33614</u>
5) ☐ Change	<u>D</u>	<u>ADLINE PIERRE</u>	<u>8028 ASPENCREST CT</u>
☒ Add			<u>ORLANDO, FL 32835</u>
☐ Remove			
6) ☐ Change	<u>D</u>	<u>JACFFET PIERRE</u>	<u>8028 ASPENCREST CT</u>
☒ Add			<u>ORLANDO, FL 32835</u>
☐ Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

10/04/2019

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

10/04/2019

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

11/19/2019

Signature

Marie Mortel

(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)

MARIE MORTEL

(Typed or printed name of person signing)

Chairman

(Title of person signing)