N08 000011532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Haiti Center for People with Disabilities, Corp.

DOCUMENT NUMBER: N08000011532

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

Please return all correspondence concerning this matter to the following:

Irvin Jean-Baptiste
Name of Contact Person

Firm/ Company

3550 NW 34 Ave
Address

Lauderdale Lakes, FL 33309
City/ State and Zip Code

haitiesecenter2008@yahoo.fr
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irvin Jean-Baptiste at (754) 422-6862
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2011

IRVIN JEAN-BAPTISTE
3550 NW 34 AVE
LAUDERDALE LAKES, FL 33309

SUBJECT: HAITI CENTER FOR PEOPLE WITH DISABILITIES, CORP
Ref. Number: N08000011532

We have received your document for HAITI CENTER FOR PEOPLE WITH DISABILITIES, CORP 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: 111A00012983

RECEIVED
11 JUN -6 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Haiti Center for People with Disabilities,Corp.

DOCUMENT NUMBER: N08000011532

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Please return all correspondence concerning this matter to the following:

Irvin Jean-Baptiste
(Name of Contact Person)

(Firm/ Company)

3550 NW 34TH Ave
(Address)

Lauderdale Lakes, FL 33309
(City/ State and Zip Code)

irvinjeb@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irvin Jean-Baptiste at (754) 422-6862
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
11 JUN -6 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Haiti Center for People with Disabilities, Corp

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

N08000011532

(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:

HCPD UNIVERSITY. FOUNDATION, 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)

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

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)

Title	Name	Address	Type of Action
Dir.	Saint Jean Fils	3561 NW 35 Ter. Lauderdale Lakes FL 33309	☐ Add ☑ Remove
Sec.	Sandra Bens	3561 NW 35 Ter. Lauderdale Lakes FL 33309	☑ Add ☐ Remove
			☐ Add ☐ Remove

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

ARTICLE 1 is amended.

ARTICLE 7 is amended.

The date of each amendment(s) adoption: 05/11/2011
(date of adoption is required)

Effective date if applicable: 05/12/2011
(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 05/31/2011

Signature _____

(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)

Irvin Jean-Baptiste
(Typed or printed name of person signing)

President
(Title of person signing)