

N09000000755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

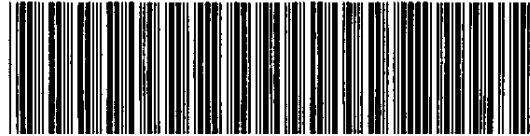
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

09/21/15--01031--014 **43.75

FILED
2015 OCT 20 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 20 2015
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00706
X00789, 04135, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: C.A.O.D.E.H.F., INC.

DOCUMENT NUMBER: N09000000755

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

Please return all correspondence concerning this matter to the following:

STEPHEN MAURICETTE

(Name of Contact Person)

(Firm/ Company)

22834 S.W. 65th WAY

(Address)

BOCA RATON, FLORIDA 33428

(City/ State and Zip Code)

PLANABIZ@AOL.COM

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

For further information concerning this matter, please call:

STEPHEN MAURICETTE, PRESIDENT

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

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

September 28, 2015

Stephen Mauricette
22834 S.W. 65th Way
Boca Raton, FL 33428

SUBJECT: C.A.O.D.E.H.F., INC.
Ref. Number: N09000000755

We have received your document for C.A.O.D.E.H.F., INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 715A00020441

10/7/2015

PLEASE FIND THE AMENDMENT
ADOPTION BOX HAS BEEN CHECK OFF AND
CORRECTED THANK YOU FOR YOUR TIME

STEPHEN MAURICETTE

www.sunbiz.org

Articles of Amendment
to
Articles of Incorporation
of

C.A.O.D.E.H.F., INC.

FILED

2015 OCT 20 PM 1:38

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

N09000000755

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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" 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**)

22834 S.W. 65th WAY

BOCA RATON, FLORIDA 33428

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

22834 S.W. 65th WAY

BOCA RATON, FLORIDA 33428

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:

STEPHEN MAURICETTE

22834 S.W. 65th WAY

(Florida street address)

New Registered Office Address:

BOCA RATON


(City)

Florida 33428

(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.

 8/28/2015
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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> 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) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DPRS</u>	<u>STEPHEN MAURICETTE</u>	<u>22834 S.W. 65th WAY</u> <u>BOCA RATON, FL. 33428</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DVP</u>	<u>PHILEMON, PHITO</u>	<u>733 RICHE DR APT 202</u> <u>DEERFIELD BEACH, FL 33441</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DSEC</u>	<u>VERTILUS, WALMY</u>	<u>241 N.W. 38 PLACE</u> <u>POMPANO BEACH, FL 33064</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D AST 1</u>	<u>CHARLES. JOCELYN</u>	<u>9750 OREGON RD</u> <u>BOCA RATON, FL 33434</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DTRS</u>	<u>DIEUNET VERTILUS,</u>	<u>241 NW 38thPLACE</u> <u>POMPANO BEACH, FL 33064</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AST SEI</u>	<u>ANGELINE CONSTANT</u>	<u>441 NW 39th STREET</u> <u>POMPANO BEACH, FL. 33064</u>

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.

09/01/2015

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

09-01-2015

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)

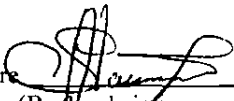
(CHECK ONE)

- ☒ 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.

08-27-2015

Dated

Signature



8/29/2015

(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)

STEPHEN MAURICETTE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)