

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : JIM SIERRA & ASSOCIATES  
Account Number : 110677000356  
Phone : (305) 271-7310  
Fax Number : (305) 271-4422

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 NOV 17 AM 2:16

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HELPING HANDS SENIOR RESOURCE CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help



November 16, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HELPING HANDS SENIOR RESOURCE CENTER, INC.  
18455 MIRAMAR PKWY SUITE 610  
MIRAMAR, FL 33029

SUBJECT: HELPING HANDS SENIOR RESOURCE CENTER, INC.  
REF: N09000002734

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

FAX Aud. #: H09000239433  
Letter Number: 209A00035614

RECEIVED  
2009 NOV 17 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HELPING HANDS SENIOR RESOURCE CENTER INC

DOCUMENT NUMBER: N09000002734

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

Please return all correspondence concerning this matter to the following:

SUZANNE BERNSTEIN

Name of Contact Person

HELPING HANDS SENIOR RESOURCE CENTER INC

Firm/ Company

15476 NW 77TH CT #292

Address

MIAMI LAKES, FL 33016

City/ State and Zip Code

INFO@HELPINGHANDS4SENIORS.ORG

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

For further information concerning this matter, please call:

SUZANNE BERNSTEIN

Name of Contact Person

at ( 305 )

454-0495

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

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2009 NOV 17 AM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**HELPING HANDS SENIOR RESOURCE CENTER INC**

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

**N09000002734**

(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**)

4795 NW 183RD STREET

MIAMI GARDENS, FL33016

**C. Enter new mailing address, if applicable:**

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

15476 NW77TH CT #282

MIAMI LAKES, FL33016

**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:

SUZANNE BERNSTEIN

New Registered Office Address:

4785 NW 183RD STREET

(Florida street address)

MIAMI GARDENS

(City)

Florida 33055

(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

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**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>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>JOSE ARENCIBIA</u>	<u>18455 MIRAMAR PKWY</u> <u>STE #166</u> <u>MIRAMAR, FL 33029</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VD</u>	<u>JENNIFER BERNSTEIN</u>	<u>18455 MIRAMAR PKWY</u> <u>STE #166</u> <u>MIRAMAR, FL 33029</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PVST</u>	<u>SUZANNE BERNSTEIN</u>	<u>11028 NW 28TH STREET</u> <u>CORAL SPRINGS, FL 33065</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Page 2 of 3

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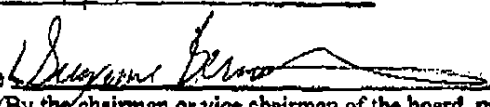
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The date of each amendment(s) adoption: 11/01/09  
(date of adoption is required)  
Effective date if applicable: 11/01/09  
(no more than 90 days after amendment file date)

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 11/1/09

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)

SUZANNE BERNSTEIN  
(Typed or printed name of person signing)

DIRECTOR  
(Title of person signing)

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