

NO 90000002938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300255133233

01/06/14--01031--019 **43.75

FILED
14 FEB 19 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC

FEB 19 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2014

JACQUELINE REED
50 N.E. 1ST STREET
POMPANNO BEACH, FL 33060

SUBJECT: OASIS OF HOPE COMMUNITY DEVELOPMENT CORPORATION,
OF SOUTH FLORIDA INCORPORATED
Ref. Number: N09000002938

We have received your document for OASIS OF HOPE COMMUNITY DEVELOPMENT CORPORATION, OF SOUTH FLORIDA INCORPORATED 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 file the document as either Articles of Amendment or Restated Articles of Incorporation pursuant to applicable 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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 714A00000739

RECEIVED
14 FEB 19 PM 2:10
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Oasis of Hope Community Development Corporation Of South Florida, Inc.

DOCUMENT NUMBER: N09000002938

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

Please return all correspondence concerning this matter to the following:

Jacqueline Reed

(Name of Contact Person)

Oasis of Hope Community Development Corporation, Inc.

(Firm/ Company)

50 N.E. 1st Street

(Address)

Pompano Beach, FL 33060

(City/ State and Zip Code)

jacqueline@oasiscdc.org

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

For further information concerning this matter, please call:

Jacqueline Reed

(Name of Contact Person)

at **954 586-1283**

(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 type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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

Articles of Amendment
to
Articles of Incorporation
of

Oasis of Hope Community Development Corporation, Of South Florida Incorporated

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

N09000002938

(Document Number of Corporation (if known))

FILED

14 FEB 19 PM 3:04

TALLAHASSEE, FLORIDA

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:

Oasis of Hope Community Development Corporation, 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**)

50 N. E. 1st Street

Pompano Beach, FL 33060

C. Enter new mailing address, if applicable:

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

50 N. E. 1st Street

Pompano Beach, FL 33060

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:

Eugene Simmons

19511 NW 24th Street

(Florida street address)

New Registered Office Address:

Miami Gardens

(City)

Florida

33056

(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)

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	<u>d</u>	<u>Clemence Fiagome</u>	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input 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)

Article I- The name of the corporation shall be Oasis of Hope Community Development Corporation, Inc.

Article II - The place in this state where the principal office of the Corporation is to be located is the City of Pompano Beach, FL in Broward

Article III - Said corporation is organized exclusively for charitable, religious scientific purposes including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Said corporation is organized to benefit low to moderate income persons within the State of Florida.

Said corporation is organized to expand affordable housing opportunities to low to moderate income persons within the state of Florida by constructing, rehabilitating, and providing safe, decent, and sanitary housing specifically in Broward and Palm Beach Counties, FL

It is the purpose of said corporation to relieve the poor, distressed, underprivileged and indigent by enabling them to secure and sustain the basic human need of shelter through the provision of affordable housing development, homeownership and financial education, and housing counseling to increase self-efficacy and improve communities.

It is the purpose of said corporation to develop housing within areas identified as enterprise zones as authorized in section 290.0065.

It is the purpose of said corporation to partner with municipalities to

assist in the achievement of goals as outlined in area local housing assistance and Community Development Block Grant plans to prevent or eliminate blight and improve the health and welfare of communities. All of the foregoing purposes shall be exercised exclu

The date of each amendment(s) adoption: February 10, 2014, if other than the date this document was signed.

Effective date if applicable: February 10, 2014
(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 February 10, 2014
Signature Cheryl Williams
(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)

Cheryl Williams
(Typed or printed name of person signing)

Chair person
(Title of person signing)