

ND9000003474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

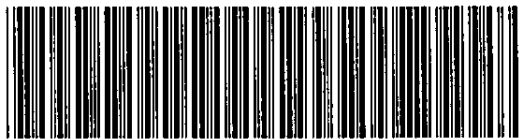
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT -3 AM 10:22

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OCT -4 2012

T. LEWIS

Charles S. Domina

11403 S.W. 133 Place Miami, Florida 33186

Tel: (305) 385-5278

Fax: (305) 408-6151

Cell: (305) 989-1675

Email: charlesdomina@comcast.net

October 1st, 2012

Amendment Section

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, FL 32314

Re: GIVE A HEAD A HAND, INC.

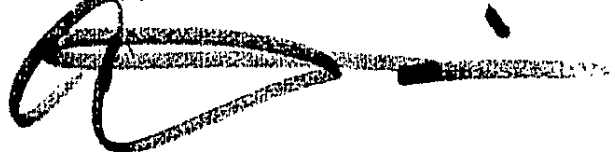
N09000003474

Name Change

To whom it may concern,

Please find enclosed the necessary documentation for the name change of the above referenced corporation. The new name, as indicated will be HAITI HEALTHY KIDS, INC. Also enclosed is a check for \$52.50 for the filing fee, certificate of status and certified copy. I believe the last two items, the certificate and certified copy are e-mailed. However, if anything further is required, please let me know.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Charles S. Domina', with a long horizontal stroke extending to the right.

Charles S. Domina

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GIVE A HEAD A HAND, INC.

DOCUMENT NUMBER: N09000003474

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

Please return all correspondence concerning this matter to the following:

Charles Domina

(Name of Contact Person)

Give A Head A Hand, Inc.

(Firm/ Company)

11403 SW 133rd Place

(Address)

Miami, FL 33186

(City/ State and Zip Code)

charles.domina@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Domina

(305) 385-5278

(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

FILED

2012 OCT -3 AM 10: 22

GIVE A HEAD A HAND, INC.

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

N09000003474

(Document Number of Corporation (if known))

SECRETARY OF STATE
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:

HAITI HEALTHY KIDS, 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.

Not Applicable

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)

Not Applicable

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:

Not Applicable

(Florida street address)

New Registered Office Address:

Not Applicable

(City)

Florida

(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; CIO = 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 PT John Doe

☐ Remove V Mike Jones

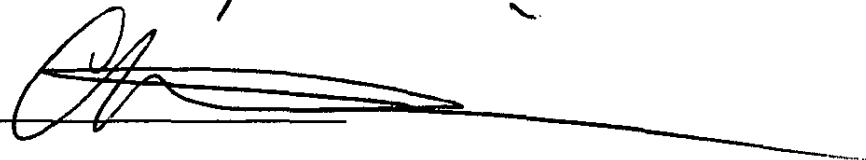
☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
2) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
3) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
4) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
5) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
6) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____

The date of each amendment(s) adoption: October 1, 2012
Effective Date: Immediately on date of registration and certification by the State of Florida.

There are no members entitled to vote on the amendment. The amendment was adopted by the Board of Directors.

Dated: OCT 1, 2012

Signed: 

Person Signing: Charles S. Domina

Title of Person Signing: Vice Chairman of the Board of Directors