N1000000018

(Fi	Requestor's Name)	
<u> </u>	address)	
(A	Address)	
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name))
(Document Number)		
Certified Copies	Certificates of	f Status
Special Instructions to Filing Officer:		



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November 2, 2010

Jean Beauvoir 25380 Stillwell Pkwy Bonita Springs, FL 34135

SUBJECT: BEAUVOIR HAITI FOUNDATION, INC.

Ref. Number: N1000000618

We have received your document for BEAUVOIR HAITI FOUNDATION, INC. 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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 710A00025839

RECEIVED

10 NOV 10 AM 8:01
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BEAUVOIR H	AITI FOUNDATION IN	С
DOCUMENT NUM	IBER: N10000000618		
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
<u></u>	JEAN	I BEAUVOIR	
	(Name of	f Contact Person)	
	(Firn	n/ Company)	
	25380 ST	ILLWELL PKWY	
	. (Address)	
		PRINGS, FL 34135 ate and Zip Code)	
	, ·		
		SIC@RUNBOX.COM ed for future annual report notific	eation)
For further information	on concerning this matter, pleas	se call:	
JEAN BEAUVOI		at (818) 800-518	80
(Name	of Contact Person)	(Area Code & Dayti	ime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	nt 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)
	ing Address	Street Address	,
	ndment Section sion of Corporations	Amendment Section Division of Corporati	ions
P.O. Box 6327		Clifton Building	0110
Tallahassee, FL 32314		2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



2010 NOV 10 PH 1:39

BEAUVOIR HAITI FOUNDATION INC. SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Depth of State SSEE, FLORID) N10000000618 (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) 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Director/Chairn	M JEAN BEAUVOIR	25380 STILLWELL PKWY	_ ☑ Add
& President		BONITA SPRINGS, FL 34135	Remove
Director	THOMAS LAFFERTY		-
Director	THOWAS LAFFERTY	3031 FERNSIDE BLVD	_ ☑ Add □ Remove
		ALAMEDA, CA 94501	_ □ Remove
Treasurer	JEROME M. EISNER	2864 NICOLE COURT	☑ Add
		OCEANSIDE, NY 11572	Remove
+ See A	Hachment	· · · · · · · · · · · · · · · · · · ·	-
E. If amendi	ing or adding additional Articles, e	nter change(s) here:	
	ditional sheets, if necessary). (Be s		
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		Paradon Paradon	
			
			

AMENDING OFFICERS/DIRECTORS CONTINUED

REMOVE:

TITLE: VICE CHAIRMAN

ANNA SUSANNE BEAUVOIR 25380 STILLWELL PKWY BONITA SPRINGS, FL 34135

ADD:

TITLE: SECRETARY

ANNA SUSANNE BEAUVOIR 25380 STILLWELL PKWY BONITA SPRINGS, FL 34135

ADD:

TITLE: DIRECTOR

UWE FAHRENKROG PETERSEN 6240 WEST 3RD STREET, APT 332, BLDG 2 LOS ANGELES, CA 90036

The date of each amendment(s) adoption: 1 -8 - 10		
•	(date of adoption is required)	
Effective date if applicable:		
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
have	he chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	JEAN BEAUVOIR (Typed or printed name of person signing)	
	CHAIRMAN	
	(Title of person signing)	

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