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SECRETARY OF SEALS
TALLAHASSEF, FLORES

Malgh.

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: HACAP INTERNATIONAL FOUNDATION
DOCUMENT NUMBER: N1000001205
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
909 E Skagway Ave., Tampa, Fl. 33604
(Name of Contact Person)
James Emile
(Firm/ Company)
(Address)
909 E Skagway Ave., Tampa, Fl. 33604
(City/ State and Zip Code)
jahpac@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Emile 813 401-4504
(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 \$\sum \\$43.75 Filing Fee & \$\sum \\$\$43.75 Filing Fee & \$\sum \\$\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is cenclosed)
Mailing Address Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HACAP INTERNATIONAL FOUNDATION

(Name of Corporation as currently filed with the Flo	
N1000001205	······································
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporate	ion:
	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or " Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Time qui office anaress <u>meor be n'erneel neerles</u>	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
	duress.
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
Her Registered Office Made 133.	
(0)	Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
hereby accept the appointment as registered agent. I am fa	niliar with and accept the obligations of the position.
Signature of New Regis	tered Agent, if changing

Page 1 of 4

SECRETARY OF STATE
TALLAHASSEE, FLORIDE

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:

 $P = President; \ V = \ Vice \ President; \ T = \ Treasurer; \ S = \ Secretary; \ D = \ Director; \ TR = \ Trustee; \ C = \ Chairman \ or \ Clerk; \ CEO = \ Chief \ Executive \ Officer; \ CFO = \ Chief \ Financial \ Officer. \ If \ an \ officer/director \ holds \ more \ than \ one \ title, \ list \ the \ first \ letter \ of \ each \ officer \ held. \ President, \ Treasurer, \ Director \ would \ be \ PTD.$

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	VT	CHANEA, PATRICK	27825 BREAKERS DR WESTLY CHAPEL,33544
2) Change Add X Remove	<u>s</u>	MENTOR, NATACHA	909 E SKAGWAY AVE. TAMPA, FLORIDA 33604
3) Change	VT	FRANCOIS, JOEL	7220 PALIFOX CIRCLE TAMPA, FLORIDA 33610
4) Change Add Remove	V	DOREUS, A. DELCINA	20155 BAY CEDAR AVE. TAMPA, FLORIDA 33647
5) Change X Add Remove	<u>D</u> .	WYNN, DARIUS	1118 E ESKIMO AVE. TAMPA, FLORIDA 33604
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article III: OUR PURPOSE IS TO PROVIDE EDUCATIONAL,
PHYSICAL, PSYCHOLOGICAL AND SOCIAL SERVICES TO
STRATEGICALLY DEVELOP AND STRENGHEN OUR
COMMUNITIES
Article IV : James Emile, 915 E Skagway Ave., Tampa, Fl. 33604, PCEO
Joel Francois, 7220 palifox Cir., Tampa, Fl,.33610, VT
Delcina A. Doreus, 20155 Bay Cedar Ave., Tampa. Fl., 33647, V
Daius Wynn,1118 E Eskimo Ave., Tampa fl.,33604, D
·

The date of each amendment(s) adoption: 12/15/2011					
Effe	ective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date)				
Ada	option 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 12/15/2011				
	James Sil o				
	Signature (By the chairman of 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)				
	James Emile				
	(Typed or printed name of person signing)				
	PCEO				
	(Title of person signing)				