

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

**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

20 DEC 27 AM 10:42

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
ACTION PERMANENTE POUR LE DEVELOPPEMENT D'AQUIN,
INC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
12-27-10

Electronic Filing Menu

Corporate Filing Menu

Help

⑤

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Articles of Amendment
to
Articles of Incorporation
of

Action Permanente pour le Developpement d'Aquin, Inc.

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

N10000001393

(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)

(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

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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>S</u>	<u>JEAN DELA BEL</u>	<u>124 NE 118 STREET</u> <u>N. MIAMI, FL 33161</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T</u>	<u>MADELEINE BERTRESS</u>	<u>365 NE 130 STREET</u> <u>N. MIAMI, FL 33161</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>BERNARD LALANNE</u>		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

[illegible]

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

1. What is the main purpose of the study?
 2. What are the research objectives?
 3. What is the research methodology?
 4. What are the findings of the study?
 5. What are the conclusions and recommendations?

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The date of each amendment(s) adoption: 12-23-2010

(date of adoption is required)

Effective date if applicable:

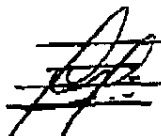
(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were 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 12-23-2010



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)

LOUIS W. LOZANDIER

(Typed or printed name of person signing)

PRES/DIR

(Title of person signing)

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