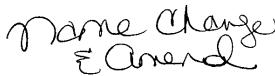
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DERAVEUX C	CHURCH OF GOD, INC	·
DOCUMENT NUM	BER: N10000005133		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		Y CYRIAQUE Contact Person)	
	(Name of	Contact i cison)	
	DERAVEUX	CHURCH OF GOD	·
	(Firm	n/ Company)	
	19421 WHISF	PERING PINES RD	
	(/	Address)	
	MIAMI. F	LORIDA 33157	
		te and Zip Code)	
	HARRYCYRIA	QUE@YAHOO.COM	
		d for future annual report notifica	ition)
For further information	on concerning this matter, please	e call:	
HARRY CYRIAQI	JE	at (786) 246-188	8
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for	or the following amount made p	ayable 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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 lassee, FL 32314	Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

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

2010 JUL -1 PH 4: 26

SECRETARY OF STATE TALLAHASSEE. FLORIDS

DERAVEUX CHURCH OF GOD INC

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

N10000	005133			
				
		(101	$\overline{}$	

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Ir		, this <i>Florida Not For Pr</i> o	ofit Corporation adopts
A. If amending name, enter the new name o	f the corporatio	<u>n:</u>	
ONE HELPS ON	E HAITI MINI	STRIES, INC.	
The new name must be distinguishable and co abbreviation "Corp." or "Inc." <mark>"Company" o</mark>	ontain the word r "Co." may not	"corporation" or "incom be used in the name.	rporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		19421 WHISPERING PINES RD	
		MIAMI, FLORIDA	
		33157	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O BOX 971418	
		MIAMI, FLORIDA	
		33197-1418	
D. If amending the registered agent and/or r new registered agent and/or the new regis			r the name of the
Name of New Registered Agent:	HARRY CYRIAQUE		
	19421 WHIS	SPERING PINES RD	
New Registered Office Address:	(Florida street address)		•
		MIAMI	, Florida 33157
		(City)	(Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered position.		gent: Amiliar with and accept	the obligations of the
Si	ignature of New	Registered Agent, if change	ging
	Page 1 of 3		

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>	Address	Type of Action
vice	CLAREL CYRIAQUE	1061 NE 200 LANE AVENTURA, FLORIDA 33179	☑ Add □ Remove
SECR	EUGENIE CYRIAQUE	1061 NE 200 LANE AVENTURA, FLORIDA	☑ Add □ Remove
PRES	BARBIE CADAVIECO	6405 WEST 27TH LANE BUILDING 15 APT, 102 HIALEAH, FLORIDA, 33016	_ ☑ Add _ □ Remove
E. If amend (attach ad	ing or adding additional Articles, enditional sheets, if necessary). (Be specified)	ter change(s) here: ecific)	
· · · · · · · · · · · · · · · · · · ·			
			
			

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)

Type of Action <u>Title</u> Name <u>Address</u> **GERTHA CYRIAQUE** PRESI 16601 SW 104TH AVE ☐ Add PERRINE, FLORIDA Remove 33157 ____ VICE DADMARE BONHOMME MON REPOS 44 RUE LEON 9 PORT AU PRINCE Remove HAITI SECR **HUDLIE BONHOMME** RUE LEON9. PORT AU PRINCE Remove HAIT!____ E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	(s) adoption: 6/28/20010	
Effective date <u>if applicable</u> :	7/01/2010 (date of adoption is required)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amend roval.	ment(s)
There are no members or adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was ectors.	i/were
Dated 6/28	12010	
(By	the chairman or vice chairman of the board, president or other officere not been selected, by an incorporator – if in the hands of a receiver court appointed fiduciary by that fiduciary)	
	HARRY CYRIAQUE	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	

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