

N100000011175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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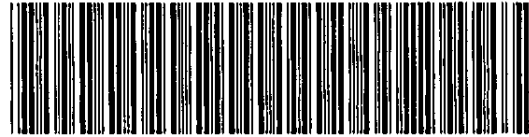
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/12/13--01004--011 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 26 PM 3:45

SEP 30 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Community Access Center, INC.

DOCUMENT NUMBER: N10000011175

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

Please return all correspondence concerning this matter to the following:

Jacqueline G. ARNOUX
(Name of Contact Person)

Community Access Center, Inc.
(Firm/ Company)

8910 Miramar Pkwy - Suite 208
(Address)

MIRAMAR, FL 33025
(City/ State and Zip Code)

JARNoux@CACEF.ORG And/or Info@CACEF.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline ARNOUX at (954) 534-9113
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2013

COMMUNITY ACCESS CENTER, INC.
8910 MIRAMAR PKWY STE 208
MIRAMAR, FL 33025

2ND ML

SUBJECT: COMMUNITY ACCESS CENTER, INC.
Ref. Number: N10000011175

We have received your document for COMMUNITY ACCESS CENTER, 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) 245-6050.

Teresa Brown
Regulatory Specialist II

Letter Number: 213A00019488

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 26 PM 3:45

Articles of Amendment
to
Articles of Incorporation
of

Community Access Center, Inc.

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

N10000011175

(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:

N/A 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:

N/A
Name of New Registered Agent:

(Florida street address)

New Registered Office 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)

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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

VP

DALE Holness, Commissioner 4325 W. Sunrise Blvd.
Plantation, FL 33313

☐ Add

☒ Remove

2) ☒ Change

PC

Stanley ARNOUX

2476 NW 99th Way
Surprise, FL 33322

☐ Add

☐ Remove

3) ☐ Change

VC

Yves Jodesty, MD

1040 NW 10th Ave
Fort Lauderdale, FL
33311

☒ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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

Article III - "Change"

The mission of CAC is to assist individuals and families with access to Culturally Competent, Social and Clinical, Cost effective Services to ensure their needs are met and improves their quality of life.

CAC's Objective is to Develop and implement effective Interventions and Programs that address the greatest needs of individuals and the Community.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

August 1st, 2013

Effective date if applicable: _____

August 1st, 2013
(no more than 90 days after amendment file date)

Adoption of Amendment(s)

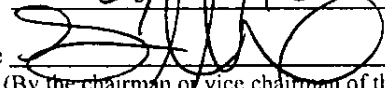
(CHECK ONE)

- ☐ 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

09/06/13

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)

STANLEY ARNOUX

(Typed or printed name of person signing)

PRESIDENT / CHAIRMAN

(Title of person signing)