# N13000000017

(Re	questor's Name)	
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#### COVER LETTER

•TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	DISADVANTAG	ED CHILDREN	& ADULT	S FOUNDATIONS, INC,
DOCUMENT NUMBER:	·	N1300000	00017	
The enclosed Articles of Amendme	m and fee are submitted	for tiling.		
Please return all correspondence co	ncerning this matter to th	e following:		
	FRITZ W	IASSON ALEX	ANDRE	
	(Name	of Contact Pers	on)	
DISAL	OVANTAGED CHILDRI	EN & ADULTS	FOUNDAT	TONS, INC.
	eF.	irm Company)		
	1302 83	W PAAR DRIVI	:	
		(Address)	<del></del>	
	PORT SAINT LU	CIE, FLORIDA	34953-6155	;
	(City/ S	State and Zip Co	de)	
DO	"AFA2012@GMAIL.CO	M OR FRIZAL	EΧ@ΥΑΠ	OO,COM
E-mail ac	ldress: (to be used for fut	ure annual repor	Inotification	1)
For further information concerning t	his matter, please call:			
FRITZ MASSO	N ALEXANDRE	at	(321)	888-1371
(Name o	of Contact Person)		area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	g amount made payable to	o the Florida Dej	partment of	State:
■ 835 Filing Fee □ S43. Cert	ificate of Status — Certi	fied Copy itional copy is	Certitī Certitī	Filing Fee cate of Status ed Copy ional Copy is sed)
<u>Mailing Address</u> Amendment Section	חוי	Street	Address dment Secti	on
Division of Corpor			ament seen on of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810





July 25, 2020

FRITZ MASSON ALEXANDRE 1302 SW PAAR DRIVE PORT SAINT LUCIE, FL 34953-6155

SUBJECT: DISADVANTAGED CHILDREN & ADULTS FOUNDATION, INC.

Ref. Number: N13000000017

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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.

Claretha Golden Regulatory Specialist II

Letter Number: 820A00013995



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2020

FRITZ MASSON ALEXANDRE 1302 SW PAAR DRIVE PORT SAINT LUCIE, FL 34953-6155

SUBJECT: DISADVANTAGED CHILDREN & ADULTS FOUNDATION, INC.

Ref. Number: N1300000017

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must check the type of action for each officer/director.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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.

Claretha Golden Regulatory Specialist II

Letter Number: 420A00011873

www.sunbiz.org

# Articles of Amendment

to

# Articles of Incorporation

of

DISADVANTAGED CHILD	REN & ADULTS FOUNDATION	ANC. 4 $(1, -1)$
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	<u> </u>
3	N13000000017	
(Document N	Sumber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profi	it Corporation adopts the followin
A. If amending name, enter the new name of the corp	poration:	
	N/A	121
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated" or th	The new e-abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable:		Α
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS ) N	Λ
	N.	/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N	Λ
	N	/A
	^	VA
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter t ice address:	he name of the
Name of New Registered Agent.	FRITZ MASSON ,	MENANDRE
	1302 SW PAAI	RDRIVE
New Registered Office Address:	(Florida stre	et address)
	PORT SAINT LUCIE	Florida34953-6155
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the obli-	gations of the position.
	Signature of New Regimered Age	ni, if changing

Wamending 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: X Change X Remove X Add		<u>Doc</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	P CEO	FRITZ MASSON ALEXANDRE	1302 SW PAAR DRIVE PORT ST. LUCIE, FL 34953-6155
2) Remove Add	<u> </u>	ESTHER SAINT-FORT	1302 SW PAAR DRIVE PORT ST. LUCIE, FL 34953-6155
Remove  3 ( Add Remove	EXEC/S	MARIE CHANTAL DIEUJUSTE	5901 LINCOLN CIR WEST LAKE WORTH, FL 33463
4) Change Add	TR	SAMANTHA A. ALE <b>K</b> ANDRE	1302 SW PAAR DRIVE PORT ST. LUCIE, FL 34953-6155
Remove  5) Change Add	TRA	A SERGE ALEXANDRE, MD	1483 S. CONGRESS AVE DELRAY BEACH, FL 33445
Change Add	TR	LAYLA ALEXANDRE	1302 SW PAAR DRIVE PORT ST. LUCIE, FL 34953-6155
E. If amending or add (which additional she		rticles, enter change(s) here: (Be specific)	
		OT BE MADE UNLESS STIPULATIONS I	

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	ALAN 20211 2020	
The date of each amendment(s) adoption	on: MAY 26TH, 2020	if other than the
date this document was signed.		ii odiei dian tire
Mark of the land of the	MAY 26TH, 2020	
Effective date <u>if applicable</u> :		
	(no more than 96 days after amendment file date)	<del></del>
Note: If the date inserted in this block dedocument's effective date on the Departn	nes not meet the applicable statutory (fling requirements, this date will not be nent of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was were adopted was were sufficient for approval.	d by the members and the number of votes east for the amendment(s)	

Dated Signature	tBy the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an accorporator – if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that tiduciary)  FRITZ MASSON ALEXANDRE
	(Typed or printed name of person signing)
	P/CEO
	(Title of norsem serning)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.