

N13000000017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

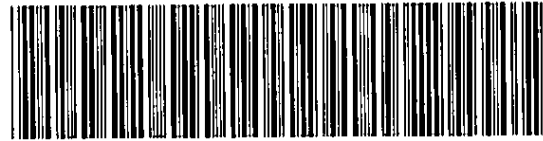
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SEP 19 2020

C. GOLDEN

SEP 19 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DISADVANTAGED CHILDREN & ADULTS FOUNDATIONS, INC.

DOCUMENT NUMBER: N1300000017

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

Please return all correspondence concerning this matter to the following:

FRITZ MASSON ALEXANDRE

(Name of Contact Person)

DISADVANTAGED CHILDREN & ADULTS FOUNDATIONS, INC.

(Firm/Company)

1302 SW PAAR DRIVE

(Address)

PORT SAINT LUCIE, FLORIDA 34953-6155

(City/State and Zip Code)

DCAFA2012@GMAIL.COM OR FRITZALEX@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRITZ MASSON ALEXANDRE

(Name of Contact Person)

(321) 888-1371

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable 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)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 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 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



2020 JUN 16 12:00

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

Articles of Amendment
to
Articles of Incorporation
of

DISADVANTAGED CHILDREN & ADULTS FOUNDATION, INC.

2:52 PM

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

NI3000000017

(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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

N/A

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:

FRITZ MASSON ALEXANDRE

1302 SW PAAR DRIVE

(Florida street address)

New Registered Office Address:

PORT SAINT LUCIE

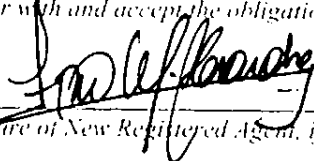
(City)

Florida 34953-6155

(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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P CEO</u>	<u>FRITZ MASSON ALEXANDRE</u>	<u>1302 SW PAAR DRIVE</u> <u>PORT ST. LUCIE, FL 34953-6155</u>
2) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V T</u>	<u>ESTHER SAINT-FORT</u>	<u>1302 SW PAAR DRIVE</u> <u>PORT ST. LUCIE, FL 34953-6155</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>EXEC.S</u>	<u>MARIE CHANTAL DIEUJUSTE</u>	<u>5901 LINCOLN CIR WEST</u> <u>LAKE WORTH, FL 33463</u>
4) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>SAMANTHA A. ALEXANDRE</u>	<u>1302 SW PAAR DRIVE</u> <u>PORT ST. LUCIE, FL 34953-6155</u>
5) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR PHA</u>	<u>SERGE ALEXANDRE, MD</u>	<u>1483 S. CONGRESS AVE</u> <u>DELRAY BEACH, FL 33445</u>
6) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>LAYLA ALEXANDRE</u>	<u>1302 SW PAAR DRIVE</u> <u>PORT ST. LUCIE, FL 34953-6155</u>

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

ADDITIONAL AMENDMENTS CANNOT BE MADE UNLESS STIPULATIONS FROM FRITZ MASSON ALEXANDRE

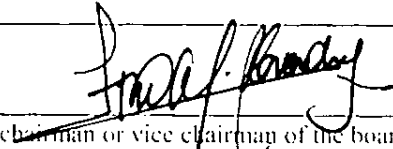
THE P CEO AND THE V T HAVE TO PROVIDE WRITTEN AGREEMENT TO MAKE ANY FURTHER AMENDMENT

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

MAY 26TH, 2020

Dated _____

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)

FRITZ MASSON ALEXANDRE

(Typed or printed name of person signing)

P/CEO

(Title of person signing)