

N130000008966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

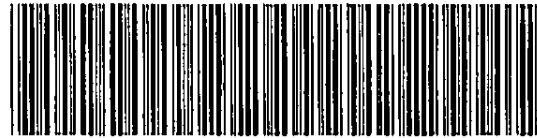
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Pierrette
Cazeau gave
permission to correct
Doc. 08/14/17
De

Office Use Only



200297133182

08/01/17--01024--006 **43.75

FILED
17 AUG 14 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.

8/14/17
De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2017

PIERRETTE J CAZEAU
HAITI CHOLERA RESEARCH FUNDING
4700 LUCERNE LAKE BLVD. WEST #604
LAKE WORTH, FL 33467

SUBJECT: HAITI CHOLERA RESEARCH FUNDING FOUNDATION INC.
Ref. Number: N13000008966

We have received your document for HAITI CHOLERA RESEARCH FUNDING FOUNDATION INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

IF CHANGING NAME OF THE CORPORATION, PLEASE ENTER NEW NAME ONLY IN SECTION A.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 317A00016304

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Haiti Cholera Research Funding Foundation Inc

DOCUMENT NUMBER: N13000008966

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

Please return all correspondence concerning this matter to the following:

Pierrette J Cazeau

(Name of Contact Person)

Haiti Cholera Research Funding Foundation Inc

(Firm/ Company)

4700 Lucerne Lakes Blvd West # 604

(Address)

Lake Worth Fl 33467

(City/ State and Zip Code)

info@hcrff.org

huchn21@hotmail.com

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

For further information concerning this matter, please call:

Pierrette J Cazeau

561

577-2698

at

(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:

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

17 AUG 14 AM 8:19

Haiti Cholera Research Funding Foundation Inc

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

N1300000396LE

(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)

4700 Lucerne Lakes Blvd West # 604

Lake Worth Fl. 33467

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4700 LUCERNE LAKES BLVD WEST # 604

LAKE WORTH FL 33467

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:

Pierrette J Cazeau, MBA, MHA GLOBAL PUBLIC HEALTH DIPLOM.

4700 LUCERNE LAKES BLVD WEST # 604

(Florida street address)

New Registered Office Address:

LAKE WORTH

(City)

Florida 33467

(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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>JEAN VILAIRE HYPOLITE</u>	<u>2711 VANDIVER DRIVE WEST I</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CHAIR</u>	<u>RICHARDO JACKSON</u>	<u>4700 LUCERNE LAKES BLVD W</u> <u>LAKE WORTH FL 33467</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CHAIR</u>	<u>CHRISTA DEWI</u>	<u>4700 LUCERNE LAKES BLVD W</u> <u>LAKE WORTH FL 33467</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CHAIR</u>	<u>OLUMIDE IDOWU</u>	<u>4700 LUCERNE LAKES BLVD W</u> <u>LAKE WORTH FL 33467</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CHAIR/</u>	<u>IMANI KONDO</u>	<u>4700 LUCERNE LAKES BLVD W</u> <u>LAKE WOTH FL 33467</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ASSIST.</u> <u>Sec.</u>	<u>LERICHE LOUIS</u>	<u>4700 LUCERNE LAKES BLVD W</u> <u>LAKE WORTH FL 33467</u>

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

[illegible]

JULY 26, 2017

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

JULY 26, 2017

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JULY 26, 2017 _____

Signature Thomas Huehn
(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)

THOMAS F HUEHN

(Typed or printed name of person signing)

POWER ATTORNEY

(Title of person signing)

Maricel B. Espinosa

