

N130000008966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

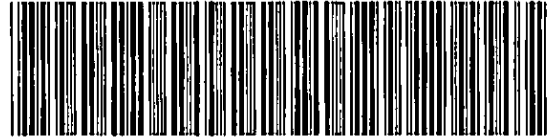
(Business Entity Name)

(Document Number)

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**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)

(Firm/ Company)

4700 LUCERNE LAKES BLVD WEST 3 604

(Address)

LAKE WORTH, FL 33467

(City/ State and Zip Code)

info@hcrff.org

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

2018 FEB 14 11:34 PM

Haiti Cholera Research Funding Foundation Inc

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

N 13000008966

(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)

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

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	<u>Chair</u>	<u>Richardo Jackson</u>	<u>4700 Lucerne Lakes Blvd West #60</u>
<input type="checkbox"/> Add			<u>Lake Worth Fl. 33467</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>Chair</u>	<u>Olumide Idowu</u>	<u>4700 Lucerne Lakes Blvd West # 60</u>
<input type="checkbox"/> Add			<u>Lake Worth Fl. 33467</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3 ) <input type="checkbox"/> Change	<u>Chair</u>	<u>Imani Kondo</u>	<u>4700 Lucerne Lakes Blvd West # 60</u>
<input type="checkbox"/> Add			<u>Lake Worth FL. 33467</u>
<input checked="" type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>Chair</u>	<u>Harriet Lewis</u>	<u>4700 Lucerne Lakes Blvd West # 60</u>
<input type="checkbox"/> Add			<u>Lake Worth, Fl 33467</u>
<input checked="" type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>Chair</u>	<u>Esogban Godspower</u>	<u>4700 Lucerne Lakes Blvd West # 60</u>
<input type="checkbox"/> Add			<u>Lake Worth Fl. 33467</u>
<input checked="" type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

February 6, 2018

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

February 6, 2018

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 February 6, 2018 \_\_\_\_\_

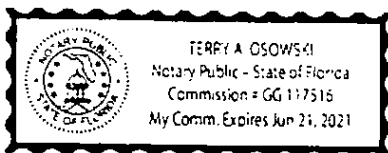
Signature Thomas Huehn  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Thomas F Huehn

\_\_\_\_\_  
(Typed or printed name of person signing)

Power of Attorney

\_\_\_\_\_  
(Title of person signing)



State of Florida

County of PALM BEACH

Thomas Huehn  
(Signature of Affiant)

Sworn to (or affirmed) and subscribed before me  
this 13TH day FEBRUARY, 2018.  
by THOMAS HUEHN (Name of Affiant).

Terry A. Osowski Notary Public - State of Florida  
(Signature of Notary)

TERRY A OSOWSKI  
(Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification  
Type of Identification Produced FLORIDA DRIVER'S

LICENSE