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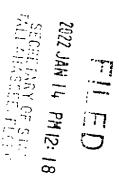
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

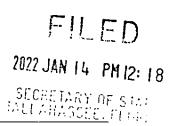
Tallahassee, FL 32314

| Haiti Cholera Res | earch Funding Foundatio | n Inc | |
|--|----------------------------|---|--|
| N13000008966 | | | |
| The enclosed Articles of Amendment and fee are s | ubmitted for filing. | , | |
| Please return all correspondence concerning this m | atter to the following: | | |
| Pierrette J Cazeau | | | |
| | (Name of Contact Per | rson) | *************************************** |
| | (Firm/ Company |) | |
| 4700 Lucernre Lakes Blvd West # 604 | | | |
| | (Address) | | |
| Lake Worth Fl 33467 | | | |
| | (City/ State and Zip C | lode) | |
| info@herff.org | | | |
| E-mail address: (to be u | sed for future annual rep- | ort notificatio | n) |
| For further information concerning this matter, plea | ase call: | | |
| Pierrette J Cazeau | at _ | 1-561 | 577-2698 |
| (Name of Contact Pers | son) | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made | e payable to the Florida Γ | Department of | State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Statu | | Certit Certit | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Am Div | eet Address endment Sect ision of Corp e Centre of T | orations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Haiti Cholera Research Funding Foundation Inc

| (Name of Corporation as currently filed with th | e Florida Dept. of St | late) | |
|---|--------------------------|-------------------------|---------------------------------|
| N13000008966 | | | |
| (Docur | nent Number of Corp | oration (if known) | |
| Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation: | orida Statutes, this Flo | orida Not For Profit C | orporation adopts the following |
| A. If amending name, enter the new name of th | e corporation: | | |
| Haiti Cholera Research Funding Foundation Inc U | SA (HCRFF) | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | | incorporated" or the a | |
| B. Enter new principal office address, if applica | 4700 Lu | cerne Lakes Blvd West | t #60 4 |
| (Principal office address MUST BE A STREET) | IDDRECCA | orth Fl 33467 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered. | stered office addres | s in Florida, enter the | name of the |
| new registered agent and/or the new register | | | |
| Name of New Registered Agent: | Pierrette J Cazeau | | |
| | 4700 Lucerne Lake: | s Blvd West #604 | |
| New Registered Office Address: | | (Florida street a | address) |
| | Lake Worth | | , Florida |
| | (City) | | (Zip Code) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agential acceptations. | nt. I am familiar with | | |
| | элдпаначе од | f New Registered Agem | i, g 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: X Change X Remove X Add | PT John De V Mike Jo SV Sally Sr | <u>ones</u> | |
|------------------------------------|--|--|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add | <u>P. T. CE</u> | Pierrette Cazeau | 4700 Lucerne Lakes Blvd West #60 Lake Worth Fl 33467 |
| Remove | | | |
| 2) Change Add | CD | AGAMPODI, SUNETH BUDDHIK | 4700 Lucerne Lakes Blvd West #60 Lake Worth Fl 33467 |
| Remove 3) Remove * Add Remove | V, T, SE | HUEHN, THOMAS F | 4700 Lucerne Lakes Blvd West #60 Lake Worth FI 33467 |
| 4) Change Add | <u>CHAIR</u> | DEWI, CHRISTA Dr. | 4700 Lucerne Lakes Blvd West # 60 Lake Worth Fl 33467 |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or additional sheet | | icles, enter change(s) here: (Be specific) | |
| | | A.V All T | |
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| ne date of each amendment(s) adoption: | 1/9/2022 | , if other the | an th |
| te this document was signed. | | · | |
| 1/0/2022 | | | |
| fective date <u>if applicable</u> : | | (tr) | |

<u>Note:</u> 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 you on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
|--|
| 179/202 |
| Signature (By the chaliman of 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) |
| Pierrette J Cazeau |
| (Typed or printed name of person signing) |
| President & Founder |
| Hyacinth V Welsh Hyacinth V Welsh 1/10/2022 |
| 1/10/2022 |
| HYACINTH V WELSH Notary Public State of Florida Comprission # GG 180314 My Cornel Express Feb 24 2072 |