N14 0000 10753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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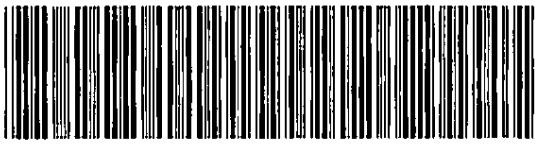

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NC 4y

Amend

05-25-21--01012--018 **43.75

FILED

2021 JUL 23 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2021

A RAMSEY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2021

HAY'NES HAR'BOUR INC.
3585 NE 207 ST C9 #741
AVENTURA, FL 33180

SUBJECT: HAYNES HARBOUR, INC.
Ref. Number: N14000010753

We have received your document for HAYNES HARBOUR, 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):

The registered agent must sign accepting the designation.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 421A00015619

2021 JUL 23 AM 3:57

COVER LETTER

TO: Amendment Section
Division of Corporations

Haynes Harbour, Inc.

NAME OF CORPORATION: _____

N14000010753

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Dr. Shantell Haynes-Cruz Leon

_____
(Name of Contact Person)

Haynes Harbour, Inc.

_____
(Firm/ Company)

3585 NE 207 St. C9 #741

_____
(Address)

Aventura, FL 33180

_____
(City/ State and Zip Code)

haynesharbourinc@gmail.com

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

For further information concerning this matter, please call:

Dr. Shantell Haynes-Cruz Leon 407 402.0129

_____ 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2021 JUL 23 AM 9:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Hay'nes Har'bour, Inc.

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

N14000010753

(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:

Haynes Harbour Group, Inc.

*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)

500 S. Federal Hwy. #2181
Hallandale Beach, FL 33008

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 800741
Aventura, FL 33180

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: Cu'ture Xclusive Holdings, LLC

New Registered Office Address:

3585 NE 207 St. C9 #741
(Florida street address)

Aventura, Florida 33180
(City) *(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:

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

Type of Action (Check One)	Title	Name	Address
1) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
2) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
3) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
4) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
5) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
6) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____

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

A purpose of the nonprofit is to foster affordable housing options (single/multifamily rentals/purchases).

A purpose of the nonprofit is to foster transitional living housing options for youth in extended foster care.

A purpose of the nonprofit is to foster safe harbor housing options for victims of crimes.

A purpose of the nonprofit is to foster relocation and housing options for witness protection purposes.

A purpose of the nonprofit is to foster mental health mobile units for community health outreach programming.

A purpose of the nonprofit is to foster and develop essential community facilities in rural areas with extreme unemployment and severe economic depression

A purpose of the nonprofit is to foster and develop housing for year-round and migrant or seasonal domestic farm laborers.

A purpose of the nonprofit is to foster multi-family rental housing for low-income, elderly, or disabled individuals and families in rural areas.

A purpose of the nonprofit is to foster and develop Prescribed Pediatric Extended Care (PPEC) Day Centers for medically severe children/youth

A purpose of the nonprofit is to foster STEAM PK-12 grade centers for children/youth with Autism & Related Disabilities.

A purpose of the nonprofit is to foster wealth economies through the creations of capital equity groups.

A purpose of the nonprofit is to foster after school ESE specialized tutoring/mentoring programs for children/youth with special needs

A purpose of the nonprofit is to foster and create construction real estate development design groups to purchase and develop residential commercial mix use spaces

A purpose of the nonprofit is to foster affordable local/international hotel acquisitions (boutique hotels, bed/breakfast, stay-cations, etc.).

A purpose of the nonprofit is to foster the construction of new buildings or renovation of existing buildings.

A purpose of the nonprofit is to foster the purchase of real estate, including land and buildings.

A purpose of the nonprofit is to foster and construct Class A Medical/Mental/Professional office buildings.

Additional purposes are outlined in our programs/services manuals.

May 15, 2021

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

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.

July 20, 2021

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)

Dr. Shantell Haynes-Cruz Leon

_____

(Typed or printed name of person signing)

Exc. Director

_____

(Title of person signing)