N16000003697

| (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: VOILY BOSTEN Add SUMLIX TO NEW ALCINUL 9/11/20 And correct Name |
| Office Use Only |



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION: INTERNATION | AL HAITIAN AMERICAN | CHRISTIAN UNIVERSITY, (MC | | |
|--|---|--|--|--|--|
| DOCUMENT NUM | 1BER: N16000003697 | | | | |
| The enclosed Article | es of Amendment and fee are s | ubmitted for filing. | | | |
| Please return all corr | respondence concerning this m | atter to the following: | | | |
| | VALLY BASTIEN | | | | |
| | Name of Contact Person | | | | |
| | EL SHADDAI INTERNATIONAL CHRISTIAN UNIVERSITY, INC. | | | | |
| | Firm/ Company | | | | |
| | 12933 SW 197 STREET | | | | |
| | | Address | | | |
| | MIAMI, FL 33177 | | | | |
| | City/ State and Zip Code | | | | |
| | VBASTIEN61@YAHOO.COM | | | | |
| | E-mail address: (to be u | sed for future annual report | notification) | | |
| For further information | on concerning this matter, plea | 7 0. | 、4 4304 72 | | |
| Name | of Contact Person | at (| de & Daytime Telephone Number | | |
| Enclosed is a check for | or the following amount made | | • | | |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 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 | | Amend Divisio The Co 2415 N | Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303 | | |

Articles of Amendment

to

Articles of Incorporation (

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| INTERNATIONAL HAITIAN AMERI | ICAN CHRISTIAN UNIVE | ERSITY, INC. Py | |
|--|--|---|--|
| | of Corporation as curren | tly filed with the Florida Dept. of State) | |
| N16000003697 | | | |
| | (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 60 its Articles of Incorporation: | 7.1006, Florida Statutes, thi | s Florida Profit Corporation adopts the following amendment(s) to | |
| A. If amending name, enter the new i | name of the corporation: | | |
| EL SHADDAI INTERNATIONAL CH | RISTIAN UNIVERSITY | INC. | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation " "chartered," "professional association, | 'Corp." "Inc." or "Co". | The new "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 245 N. FLAGLER AVE | |
| | | HOMESTEAD, FL 33030 | |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 12933 SW 197 STREET | |
| | | MIAMI, FL 33177 | |
| | | | |
| | | | |
| If amending the registered agent as new registered agent and/or the ne | nd/or registered office add | ress in Florida, enter the name of the | |
| | VALLY D. JN-LS BAST | | |
| Name of New Registered Agent | | IGN | |
| | 12933 SW 197 STREET | | |
| | | reet address) | |
| New Registered Office Address: | MIAMI | , Florida 33177 | |
| | | (City) (Zip Code) | |
| | | | |
| New Registered Agent's Signature, if c | handin Durita . 14 | | |
| hereby accept the appointment as regist | nanging Registered Agent Tered agent. I am familiar | <u>:</u> with and accept the obligations of the position. | |
| 1 | · · | the position. | |
| 1/_1/ | 16.4. | | |
| Myp | A Casllen | | |
| // // | Signature of New R | egistered Agent, if changing | |
| heck if applicable | | | |
| ☐ The amendment(s) is/are being filed p | ursuant to s. 607.0120 (11) | (e), F.S. | |

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.

| X Change | PT | John Doe | |
|-------------------------------|--------------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | _ | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Ā | mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific) | |
|---------------|--|-------------|
| Artic | 1) The name of this corporation shall be called EL SHADDAI INTERNATIONAL CHRISTIAN UNIVERSIT | <i>r,</i> 1 |
| Anic | 2) Principal Address: 245 N FLAGLER AVE, HOMESTEAD, FL 33030 | |
| Artile | 9) should be read debt Obligations and Personal Liabilities. | |
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| ' If. | a proportion of the form of th | |
| . <u>11 -</u> | amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: | |
| | (if not applicable, indicate N/A) | |
| | | |
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| The data of each arrest in a state | SAME | |
|---|--|--|
| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
| · · · · · · · · · · · · · · · · · · · | MEDIATLEY | |
| Effective date if applicable: | MEDIATEEY | |
| | (no more than 90 days after amendment file a | fare) |
| Note: If the date inserted in this document's effective date on the | block does not meet the applicable statutory filing requirer Department of State's records. | nents, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of directors without sha | reholder action and shareholder |
| ☐ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the sufficient for approval. | amendment(s) |
| ☐ The amendment(s) was/were a must be separately provided for | oproved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amenda | owing statement ment(s): |
| "The number of votes can NA by | it for the amendment(s) was/were sufficient for approval | |
| | (voting group) | |
| sciedil | 2020 The Composition of the profile of a receiver, trustee, of the fiduciary by that fiduciary) VALLY D. JN-LS BASTIEN (Typed or printed name of person signing) PRESIDENT | ve not been or other court |
| | (Title of person signing) | |

the