

N160000003863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Special Instructions to Filing Officer:

Steve Buyny  
Advised to Add  
him AS Director  
(1a)

3/27/17

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FILED  
2017 MAR 27 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

MAR 28 2017

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ASSOCIATION DES ANCIENS DU COLLEGE ROGER ANGADE INC.

**DOCUMENT NUMBER:** N/6000003863

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

Please return all correspondence concerning this matter to the following:

Steeve BRUNY  
(Name of Contact Person)

(Firm/ Company)

7333 SORREL CT  
(Address)

COLUMBUS, GA, 31909  
(City/ State and Zip Code)

CONTACTCRAGROUP@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEEVE BRUNY at (914) 299-2007  
(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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2017

VALERY ESTIME  
ASACRA  
1314 EAST 91 STREET  
BROOKLYN, NY 11236

SUBJECT: ASSOCIATION DES ANCIENS DU COLLEGE ROGER ANGLADE  
INC. (ASACRA)  
Ref. Number: N16000003863

We have received your document for ASSOCIATION DES ANCIENS DU COLLEGE ROGER ANGLADE INC. (ASACRA) and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 017A00002068

RECEIVED  
17 MAR 27 PM 1:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

ASSOCIATION DES ANCIENS DU COLLEGE ROGER ANGLADE INC.

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

N16000003863

(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)

7333 SORREL CT.

COLUMBUS, GA, 31909

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

7333 SORREL CT.

Columbus, GA, 31909

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:

VALERY ESTIME

1729 CARVELLE DR

(Florida street address)

New Registered Office Address:

RIVIERA BEACH

(City)

Florida 33404

(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.*

Estime

Signature of New Registered Agent, if changing

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>(V) VP</u> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		<u>GISCARD BORGARD</u>	<u>1729 CARVELLE DR</u> <u>RIVIERA BEACH, FL</u> <u>33404</u>
2) <input type="checkbox"/> Change <u>(T) TRES</u> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		<u>DAVID ROCHE JR</u>	<u>11120 OAK LEAF DR.</u> <u>SILVER SPRING, MD</u> <u>20901</u>
3) <input type="checkbox"/> Change <u>(P) Pres.</u> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		<u>VALERY ESTIME</u>	<u>1729 CARVELLE DR</u> <u>RIVIERA BEACH, FL</u> <u>33404</u>
4) <input type="checkbox"/> Change <u>D</u> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		<u>STEEVE BRUNY</u>	<u>7333 SORREL CT.</u> <u>Columbus, GA, 31909</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

N/A

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

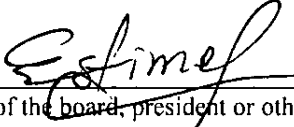
Effective date if applicable: 03/20/2017  
(no more than 90 days after amendment file date)

**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 03/01/2017

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)

VALERY ESTIME  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)