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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AN PROFESSIONAL ASSOCIATION OF THE PALM BEACH, INC.
DOCUMENT NUMBER: N16000005137	1
The enclosed Articles of Amendment and fee are subr	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
	JOSEPH ETIENNE
	(Name of Contact Person)
HAITAIN AMERICAN PROFESSION	NAL ASSOCIATION OF THE PALM BEACES, INC.
	(Firm/ Company)
1501 I	FOREST HILL BLVD SUITE 103
	(Address)
WE	ST PALM BEACH, FL 33406
	(City/ State and Zip Code)
info@l	hapapb.org hapapb@gmail.com
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
JOSEPH ETIENNE	561 309-4236
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation
of 16 DEC -5 PH 3: 18

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N16000005137	1.64.发现16.6。\$P\$1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ntes, this Florida Not For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corpora	ition:
HAITIAN AMERICAN PROFESSIONAL ASSOCIATION	OF THE PALM BEACHES, INC.
name must be distinguishable and contain the word "corport" "Company" or "Co." may not be used in the name.	ution" or "incorporated" or the abbreviation "Corp." or "In
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	Σ)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
-	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
hereby accept the appointment as registered agent. I am fo	amiliar 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 <math>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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	·- ·
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	С	Wilhelm Larsen	1501 Forest Hill Blvd Suite 103
X Add			West Palm Beach, FL 33406
Remove			•.'.
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			<del> </del>
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

(attach additional sheets, if necessary). (Be specific)				
ARTICLE 8 is amended to read:				
Dissolution Statement: Upon the dissolution of the corporations, assets shall be distributed for one or more exempt purposes				
within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future Federal tax				
code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.				
Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the				
principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations				
as said Court shall determine which are organized and operated exclusively for such purposes				
`				
·				

	e date of each amendment(s) adoption:e this document was signed.	_, if other than the
Effe	n/a ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not becoment's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )	
	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.	
	10/31/16 Dated	
	Signature # 1	_
	(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)	
	JOSEPH ETIENNE	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	