.. N17000003377

(Requestor's Name)
·
(Address)
(1888-222)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartifical Conice Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,





100296410231

03/10/17--01032--002 **35.00



3/140

COVER LETTER

TO: Amendment Section **Division of Corporations**

HAITI HEALTH POVERTY ACT	TION, INC.	
N1700000377		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filir	ng.	
Please return all correspondence concerning this matter to the follow	wing:	
STEEVE LADOUCEUR		
(Name of Co	ntact Person)	
HAITI HEALTH POVERTY ACTION		
(Firm/ C	ompany)	
4202 E COMANCHE AVE		
(Add	iress)	
TAMPA FL33610		
(City/ State a	nd Zip Code) ·	
steeveladouceur@yahoo.com		
E-mail address: (to be used for future and	nual report notification	1)
For further information concerning this matter, please call:		
Steeve Ladouceur	813 at	6383125
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the F	lorida Department of	State:
■ \$35 Filing Fee ■ \$43.75 Filing Fee & □\$43.75 Filing Certificate of Status Certified C (Additional enclosed)	lopy Certif copy is Certif	0 Filing Fee ficate of Status fied Copy fitional Copy is fised)
Mailing Address Amendment Section	Street Address Amendment Sect	ion
Division of Corporations	Division of Corporations	

P.O. Box 6327 Tallahassec, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of HAITI HEALTH POVERTY ACTION, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

(Document)	Number of Corporation (if known)
	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
name must be distinguishable and contain the month of	The new or poration or "incorporated" or the abbreviation "Corp." of "Inc."
"Company" or "Co." may not be used in the name.	rporation or incorporated or the aboreviation corp. ALI Inc.
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	$\frac{\mathcal{E}SS}{\mathcal{E}}$
	77.0
	25 0
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>))
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	Mice address:
Name of New Registered Agent:	
<u> </u>	
New Registered Office Address:	(Florida street address)
New Negistered Office Address.	
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	
i nereby accept the appointment as registered agent. To	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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	sv	NADEGE VERNET	3105 EAST ELM ST.
X Add			TAMPA FL
Remove			33610
2) Change			
Add			
Remove		·	
3) Change		·	
Add		•	
Remove			
4) Change		•	
Add			
Remove			
5) Change	-		<u> </u>
Add			
Remove			
5)Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
		
	· · · · · · · · · · · · · · · · · · ·	
		<u>.,,</u>
		,
		,
	,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
03.03.17	
Effective date if applicable: (no more than 90 days after amendment file date)	
,	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requiremedocument's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.	he amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	nt(s) was/were
03.03.17	
Dated	
Signature	
(By the chairman or vice chairman of the board, president or other off	
have not been selected, by an incorporator – if in the hands of a recei other court appointed fiduciary by that fiduciary)	ver, trustee, or
Stoeve LADOUAPUR	
(Typed or printed name of person signing))
WPO Sident	
(Title of person signing)	