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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TO: Amendment Section Division of Corporations

| Division of Corporations | | | |
|--|-------------------------|--|----------------|
| JACQUES STEPHEN ALEXIS I | FOUNDATION, INC | | _ <u> </u> |
| N170000079123 DOCUMENT NUMBER: | | | 1 |
| The enclosed Articles of Amendment and fee are submitted for fili | ng. | | |
| Please return all correspondence concerning this matter to the follo | wing: | | |
| ALANDE BREZAULT | | | |
| (Name of Co | ontact Person) | | |
| JACQUES STEPHEN ALEXIS FOUNDATION, INC. | | | 1 |
| (Firm/ C | Company) | | |
| 9400 NW 12 AVE. BAY 1 | | | |
| (Ad | dress) | | |
| MIAMI, FL 33150 | | | |
| (City/ State : | and Zip Code) | | |
| | | | |
| E-mail address: (to be used for future ar | nnual report notificati | on) | - |
| For further information concerning this matter, please call: | | | |
| ALANDE BREZAULT | 305 at | 798-7023 | |
| (Name of Contact Person) | |) (Daytime Telephone Numbe | :r) |
| Enclosed is a check for the following amount made payable to the | Florida Department o | f State: | 1 |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Fi | ling Fee & | .50 Filing Fee | |
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Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status Certified Copy

(Additional Copy is

Enclosed)

Articles of Amendment to Articles of Incorporation of

JACQUES STEPHEN ALEXIS FOUNDATION, INC.

| | | | | |
|---|--------------|--------------------------------|-------------------------------------|--|
| (Name of Corporation | as current | tly filed with the Flori | da Dept. of State) | |
| N170000079123 | | | | <u>. </u> |
| (Docur | ment Numbe | er of Corporation (if kn | own) | <u> </u> |
| Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation: | rida Statute | s, this <i>Florida Not For</i> | Profit Corporation adopts the follo | wing |
| A. If amending name, enter the new name of the | e corporati | on: | | |
| N/A | | | The | new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | | ion" or "incorporated | | 1 |
| B. Enter new principal office address, if applica | able: | N/A | | |
| (Principal office address MUST BE A STREET A | | | | |
| | | | | + |
| | | | · · | |
| C. Enter new mailing address, if applicable: | | N/A | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | - IN/A | | <u> </u> _ |
| | | | | <u> </u> |
| | | | | |
| | | | | - |
| D. If amending the registered agent and/or reginew registered agent and/or the new registered. | | | enter the name of the | 1 |
| | | BREZAULT | | |
| Name of New Registered Agent: | | | <u>,</u> | + |
| | 9400 NW | 12 AVE., BAY 1 | <u> </u> | <u> </u> |
| New Registered Office Address: | <u>.</u> | (Flo | orida street address) | |
| | MIAMI | | 33150 | |
| | | (City) | , Florida (Zip Code) | ! |
| | | | , | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent | | | the obligations of the position: | - |
| , | | | | SEP |
| - | Si | gnature of New Registe | ered Agent, if changing தி. | -23 ▲ |
| | | D | 9.5 | با |
| | ' | rage Lot 4 | | 10/- |

| | O = Chief Finan | cial Officer. If an officer/director holds r | TR= Trustee: $C = Chairman or Clerk; CEO = C$ nore than one title, list the first letter of each off |
|--|--------------------|--|---|
| Changes should be not a change, Mike Jones l Mike Jones, V as Remo | leaves the corpo | ration, Sally Smith is named the V and S . | as the PST and Mike Jones is listed as the V. Th These should be noted as John Doe, PT as a Ch |
| Example: X Change X Remove X Add | <u>V</u> <u>Mi</u> | hn Doc ike Jones Ily Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | P | ALANDE BREZAULT | 9400 NW 12 AVE., BAY 1 |
| Adđ | | | MIAMI, FL 33150 |
| Remove | | | |
| 2) Change | - | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | Page 2 of 4 | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | |
|---|----------------|--|
| Article III: The organization is organized exclusively for charitable, religious, educational, and scientific purposes und | ler | |
| section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. | | |
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|------|--|-----------|
| late | this document was signed. | |
| Effe | ctive date if applicable: | |
| | (no more than 90 days after amendment file date) | |
| | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed unent's effective date on the Department of State's records. | d as t |
| Ado | option 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 September 16, 2019 | |
| | 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) | |
| | ALANDE BREZAULT | ļ |
| | (Typed or printed name of person signing) | İ |
| | PRESIDENT | 1 |
| | (Title of person signing) | |