

NA 000000 1698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

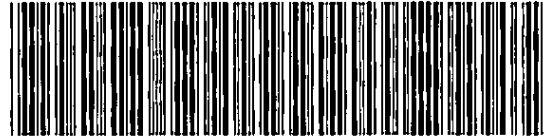
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 APR 26 AM 11:27

FILED

Global Health and Community Service, Inc.
Post Office Box 18161
West Palm Beach, FL 33416

April 18, 2021

Florida Department of State
Division of Corporations
Amendment Section
Post Office Box 6327
Tallahassee, FL 32314

Re: Addendum to Amendment

Dear Sir/Madam:

As an addendum to the Amendment submitted on April 18, 2021, this is to advise that Mr. Cardelle Hayes is a Director and Interim Executive Director for Global Health and Community Service, Inc. In the amendment, we used the abbreviation IED which means Interim Executive Director.

Thank you.

Sincerely

A handwritten signature in black ink, appearing to read "Jeffery Jones", written in a cursive style.

Jeffery Jones
Vice President and Director

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Global Health and Community Service, Inc.

DOCUMENT NUMBER: N200000011698

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

Please return all correspondence concerning this matter to the following:

Jeffery Jones
(Name of Contact Person)

Global Health and Community Service, Inc.
(Firm/ Company)

Post Office Box 18161
(Address)

West Palm Beach, Florida 33416
(City/ State and Zip Code)

Info@GHACSI.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffery Jones at 561-846-1076
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Global Health and Community Service, Inc.

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

N20000001698

(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:

N/A

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)

3561 Long Pine Court

Apt. B-2, Bldg. 404

Greenacres, Florida 33463

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 office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Percyell Pratt

4200 N.W. 7th Court

(Florida street address)

New Registered Office Address:

Delray Beach

(City)

Florida 33496

(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.



Signature of New Registered Agent, if changing

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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>

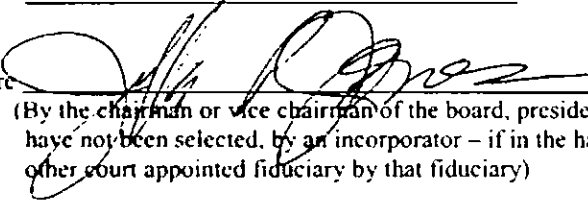
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D, IED</u>	<u>Cardelle Haves</u>	<u>Post Office Box 18161</u> <u>West Palm Beach, FL 33416</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SD</u>	<u>Rosemary Cunningham</u>	<u>16967 82nd Road North</u> <u>Loxahatchee, FL 33470</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VD</u>	<u>Jeffery Jones</u>	<u>Post Office Box 18161</u> <u>West Palm Beach, FL 33416</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>Justine R. Hampton</u>	<u>3561 Long Pine Court</u> <u>Apt. B-2, Bldg. 404</u> <u>Greenacres, FL 33463</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)

- 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 4/18/2021 _____

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)

Jeffery Jones

(Typed or printed name of person signing)

Vice President and Director

(Title of person signing)