

PIB00029534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

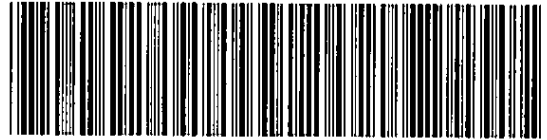
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 22 2019

2019 MAY 13 PM 6:15
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Handwritten signature

05/07/2019

One Stop Community Services Center, Inc.
Flaca Alexis-Pierre- President and CEO
724 Sunny Pine Way # E1
Greenacres, FL 33415
561-260-3677
flacapierre@outlook.com

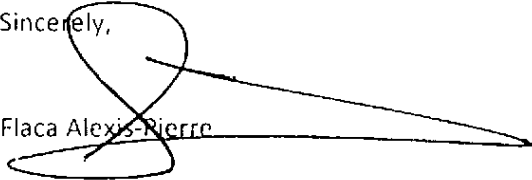
To whom it may concern:

Please I want to update the information please add my EIN 20-1054960 plus have my name Flaca Alexis-Pierre as the president and CEO of the company and Emile Junior Pierre as the secretary.

Feel Free to contact me if you have any question 561-260-3677

Sincerely,

Flaca Alexis-Pierre

A handwritten signature in black ink, consisting of a large, stylized loop followed by a long horizontal stroke that tapers to a point.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ONE STOP COMMUNITY SERVICES CENTER

DOCUMENT NUMBER: P1000029534

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

Please return all correspondence concerning this matter to the following:

Name of Contact Person
FLACA ALEXIS-PIERRE

Firm/ Company
ONE STOP COMMUNITY SERVICES CENTER, INC

Address
724 SUNNY PINE WAY E1 GREENACRES, FL 33415

City/ State and Zip Code

FLACAPIERRE@OUTLOOK.COM

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Flaca Alexis-Pierre at (561) 260-3677
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:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

ONE STOP COMMUNITY SERVICES CENTER, INC

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

P19000029534

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

(Florida street address)

New Registered Office Address:

Florida

(City)

(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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP</u>	<u>EMILE JUNIOR PIERRE</u>	<u>724 SUNNY PINE WAY E1</u>
<input type="checkbox"/> Add			<u>GREENACRES, FL 33415</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>FLACA ALEXIS-PIERRE</u>	<u>724 SUNNY PINE WAY E1</u>
<input checked="" type="checkbox"/> Add			<u>GREENACRES, FL 33415</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>EMILE JUNIOR PIERRE</u>	<u>724 SUNNY PINE WAY E1</u>
<input checked="" type="checkbox"/> Add			<u>GREENACRES, FL 33415</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>C</u>	<u>FLACA ALEXIS-PIERRE</u>	<u>724 SUNNY PINE WAY E1</u>
<input checked="" type="checkbox"/> Add			<u>GREENACRES, FL 33415</u>
<input type="checkbox"/> Remove			
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			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

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

Effective date if applicable: _____
(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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 5/7/19

Signature _____

(By a director, president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Flaca Alexis-Pierre

(Typed or printed name of person signing)

Owner P
(Title of person signing)