

PI900CC 44439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

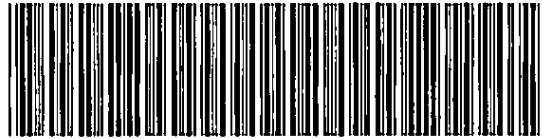
(Business Entity Name)

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2021 APR 21 13:12:25

Paul



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2021

ASTRIDE FRANCOIS
PO BOX 771795
CORAL SPRINGS, FL 33077

SUBJECT: OPEN HEART FINGERPRINTING SERVICES, INC.
Ref. Number: P19000044439

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS SPECIFICALLY USED FOR FLORIDA PROFIT BENEFIT CORPORATIONS OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS ONLY. PLEASE COMPLETE THE ATTACHED FORM AND RESUBMIT THIS FORM ONLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 221A00006715

Florida Probate

— LAW FIRM PLLC —

April 22, 2021

VIA FEDEX EXPRESS:
TRACKING #773523565099

Susan Tallent
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

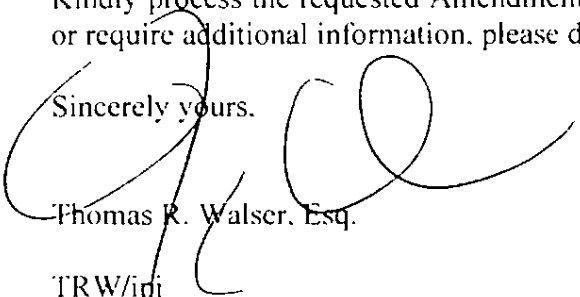
RE: Estate of CHOSTENE FRANCOIS
Subject: Open Heart Fingerprinting Services, Inc.
Ref. Number: P19000044439

Dear Ms. Tallent:

As per your letter dated March 31, 2021, a copy of which is enclosed, please find the Articles of Amendment to Articles of Incorporation and supporting documentation for the above-referenced corporation enclosed herewith.

Kindly process the requested Amendment as set forth therein. If you should have any questions or require additional information, please do not hesitate to contact me.

Sincerely yours,


Thomas R. Walser, Esq.

TRW/irj
Enclosures

Rec 4/27/21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OPEN HEART FINGERPRINTING SERVICES, INC.

DOCUMENT NUMBER: P19000044439

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

Please return all correspondence concerning this matter to the following:

ASTRIDE FRANCOIS

Name of Contact Person

Firm/ Company

P.O. Box 771795

Address

Coral Springs, Florida 33077

City/ State and Zip Code

astridefrancois1030@yahoo.com

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

For further information concerning this matter, please call:

ASTRIDE FRANCOIS at (954) 673-0707
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

OPEN HEART FINGERPRINTING SERVICES, INC.

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

P19000044439

(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:

N/A

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**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 771795

Coral Springs, Florida 33077

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 N/A

(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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>CEO</u>	<u>CHOSTENE FRANCOIS</u>	<u>5575 NW 58th Avenue, Unit G105</u>
<input type="checkbox"/> Add			<u>Tamarac, Florida 33319</u>
<input checked="" type="checkbox"/> <u>X</u> Remove			
2) <input type="checkbox"/> Change	<u>CEO</u>	<u>Estate of CHOSTENE FRANCOIS</u>	<u>P.O. Box 771795</u>
<input checked="" type="checkbox"/> <u>X</u> Add			<u>Coral Springs, Florida 33077</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<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			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

Dated April 22, 2021

Signature Astride Francois
(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)

ASTRIDE FRANCOIS

(Typed or printed name of person signing)

Personal Representative of the Estate of CHOSTENE FRANCOIS, deceased

(Title of person signing)