

N960000003019

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(Address)

(City/State/Zip/Phone #)

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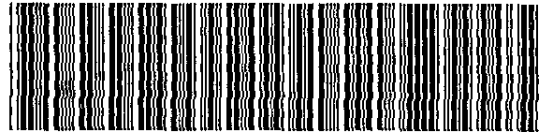
(Business Entity Name)

(Document Number)

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05 APR 25 PM 12:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

N.
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Association of St. Lawrence - Comunita Cenacolo America, Inc.

DOCUMENT NUMBER: N96000003019

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

Please return all correspondence concerning this matter to the following:

Nancy M. Powers

(Name of Contact Person)

Association of St. Lawrence - Comunita Cenacolo America, Inc.

(Firm/ Company)

1050 Talleyrand Avenue

(Address)

Jacksonville, Florida 32206

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Nancy M. Powers

(Name of Contact Person)

at (904) 353-5533

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input 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 checked="" 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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Association of St. Lawrence - Comunita Cenacolo America, Inc.

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

N96000003019

(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:

NEW CORPORATE NAME (if changing):

Association of St. Lawrence - Comunita Cenacolo America, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

1. Title "Articles of Incorporation of ~~Association of St. Lawrence - Comunita Cenacolo America, Inc.~~

Association of St. Lawrence - Comunita Cenacolo America Inc., A Florida "Not for Profit" Corporation.

2. Article I: "The name of the corporation is ~~Association of St. Lawrence - Comunita Cenacolo America~~

~~Inc.~~, Association of St. Lawrence - Comunita Cenacolo America Inc."

3. Article V: "The address of the corporation's principal office and of the registered agent is ~~1004~~

~~Riverplace Blvd. Suite 1004, Jacksonville, Florida 32207~~ 1050 Talleyrand Avenue, Jacksonville, Florida

32206. The registered agent at this address is Nancy M. Powers." (A separate change of registered

agent form with proper fee is filed separately with these amendments.)

(Attach additional pages if necessary)

(continued)

FILED
05 APR 25 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Association of St. Lawrence - Comunita Cenacolo America Inc.
2. The principal office address: 1050 Talleyrand Avenue, Jacksonville, Florida 32206
3. The mailing address (if different): _____

4. Date of incorporation/qualification: June 4, 1996 Document number: N96000003019

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Nancy M. Powers
1301 Riverplace Boulevard, Suite 1904
Jacksonville, Florida 32207

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nancy M. Powers
1050 Talleyrand Avenue
(P.O. Box NOT acceptable)
Jacksonville, Florida 32206

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

ALBINO ADASNO VP
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

4/13/2005
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

The date of adoption of the amendment(s) was: February 18, 2005

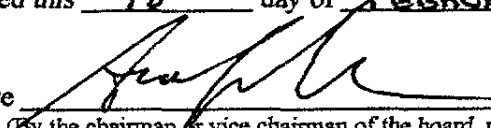
Effective date if applicable: February 18, 2005
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 18 day of February, 2005

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.)

Albino Aragno

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE: \$35