705628

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SECRETARY OF STALLS

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

John Paul NAME OF CORPORATION:	Corporation
705628 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and for	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
KC Caldwell	
<u> </u>	(Name of Contact Person)
John Paul Corporation	
	(Firm/ Company)
7501 NW 4th St. Suite 112	
	(Address)
Plantation, FL 33317	
	(City/ State and Zip Code)
840michael@att.net	
E-mail address: (to be used for future annual report notification)
For further information concerning this matt	ter, please call:
KC Caldwell	954 585-2216 at
(Name of Conta	act Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amour	nt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filin Certificate o	
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

John Paul Corporation

(Name of Corporation as currently filed with the Florida I	Dept. of State)
705628	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
John Paul Foundation Inc	The new
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	12100 WEST DIXIE HIGHWAY
(Principal office address MUST BE A STREET ADDRESS	NORTH MIAMI, FL 33161
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7501 NW 4th St
-	Suite 112
	Plantation, FL 33317
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
incomegative office marcos.	
	(City) , Florida, (City)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fai	
	quature of New Projectored Areast if sharesing
SI	gnature of New Registered Agent, if changing

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 X Remove X Add	PT John I. V Mike J. SV Sally S.	Jones .	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	

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The date of each amendment date this document was signed	t(s) adoption: _	08/01/2022				, if other than t
	 08/15/2022					
Effective date <u>if applicable</u> :		more than 9	0 days after o	mendment file	date)	
Note: If the date inserted in the document's effective date on the	ns block does no he Department o	ot meet the a of State's rec	pplicable state ords.	utory filing req	juirements, this da	te will not be listed as the
Adontion of Amendment(s)		HECK ON				

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 1/6/2023 Signature We have Man Manager
(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)
Michael Mc Dearmaid
(Typed or printed name of person signing)
Board President
(Title of person signing)