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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Society of St Vince  ON:	nt DePaul Council of	Pensacola-Tal	lahassee
DOCUMENT NUMBER:	709311			enter.
The enclosed Articles of Am	endment and fee are sub	omitted for filing.		
Please return all corresponde	ence concerning this matt	ter to the following:		
Leslie Youd				
		(Name of Contact P	erson)	
Society of St Vincent DePay	il Council of Pensacola-	Tallahassee		
		(Firm/ Compan	y)	
PO Box 17645				
	·	(Address)		
Pensacola, FL 32522				
		(City/ State and Zip	Code)	<u> </u>
svdpcpt@gmail.com				
Е	-mail address: (to be used	d for future annual re	port notification	1)
For further information conc	erning this matter, please	e call:		
Leslie Youd		_ at	850	434-6615 ext 3
(	Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made p	ayable to the Florida	Department of	State:
□ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	l Certifi s Certifi	O Filing Fee icate of Status ied Copy tional Copy is ised)
Mailing A	<u>ddress</u>	<u>Sti</u>	reet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314

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

12.11	~7	ØD
2023 JAN 27 SECRET	PH 12: 34	
SEOPT :		

Name of Corporation as currently filed with the	Florida Dept. of State)	
Society of St Vincent de Paul, Council Pensacola-T	allahassee	
(Docume	nt Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name  B. Enter new principal office address, if applical	ole:	ed" or the abbreviation "Corp." or "Inc."
(Principal office address MUST BE A STREET A)	ODRESS )	
C. Enter new mailing address, it applicable: (Mailing address MAY BE A POST OFFICE I  D. If amending the registered agent and/or registered agent and/or the new registered.  Name of New Registered Agent.	tered office address in Floric	da, enter the name of the
<u>Name of New Registered Agem.</u>	2! S Tarragona St #103	:
New Registered Office Address:		(Florida street address)
CHANGE SPECIAL	Pensacola	Florida 32502
	(City)	'• (Zip Code)
New Registered Agent's Signature, if changing be I hereby accept the appointment as registered agen	. I am familiar with and acco	ept the obligations of the position.  Let l

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 Do           V         Mike Jo           SV         Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S</u>	DIANNA MOORE	PO BOX 17645 PENSACOLA FL 32522
2) Change Add	<u>D</u>	CELESTE BELL	PO BOX 17645 PENSCOLA FL 32522
Remove Change Add Remove	<u>D</u>	JIM MUHL	PO BOX 17645 PENSACOLA FL 32522
4) Change Add	<u>D</u>	STEPHEN ELLIOTT	PO BOX 17645 PENSACOLA FL 32522
7 Remove  5) Change Add  7 Remove	<u>D</u>	DAVID GIBSON	PO BOX 17645 PENSACOLA FL 32522
6) Change Add Remove	<u>D</u>	MAURICE STOUSE	PO BOX 17645 PENSACOLA FL 32522
		cles, enter change(s) here: (Be specific)	

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:

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Example: X Change X Remove X Add	$\overline{\underline{V}}$ $\overline{\underline{Mik}}$	n Doe se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	D	MIKE WILSON	PO BOX 17645 PENSACOLA FL 32522
2) Change Add	<u>D</u>	ROD NEVILLE	PO BOX 17645 PENSCOLA FL 32522
Remove Change Add Remove	<u>s</u>	JACINTA VOGEL	PO BOX 17645 PENSACOLA FL 32522
4) Change Add	D	RICK AMES	PO BOX 17645 PENSACOLA FL 32522
Remove  5) Change Add	Ð	STAN LUCZAK	PO BOX 17645 PENSACOLA FL 32522
Remove  6) Change Add	<u>D</u>	MAUREEN DeCESARO	PO BOX 17645 PENSACOLA FL 32522
E. If amending or ade (attach additional sl		Articles, enter change(s) here:  i). (Be specific)	
<del></del>			

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:

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Example:  X Change X Remove X Add	PT John Do V Mike Ju SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	BOB POWERS	PO BOX 17645 PENSACOLA FL 32522
Remove			
2) Change Add	<u>D</u>	JAMES HERBSTREITH	PO BOX 17645 PENSCOLA FL 32522
Remove Change Add Remove	<u>D</u>	SHARON RIVERA	PO BOX 17645 PENSACOLA FL 32522
4) Change Add			
Remove			
5/ Change Add			
Remove			
6) Change Add		<u> </u>	
Remove			
E. If amending or addin (attach additional sheet	g additional Articles, if necessary).	cles, enter change(s) here: (Be specific)	
		·	

	<u>.</u>	 	
·	·	 	
·		 	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Adoption of Amendment(s) (CHECK ONE)

document's effective date on the Department of State's records.

ĵ	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated
	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)
	LESLIE W YOUD
	(Typed or printed name of person signing)
	EXECUTIVE DIRECTOR
	(Title of person signing)

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