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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Society of Saint Vin	cent De Paul District Cou	incil of Central B	roward, Inc.
732204 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
John A. Moffa			
	(Name of Contact Perso	n)	
Moffa & Breuer, PLLC			
	(Firm/ Company)	 _ " -	
1776 N Pine Island Rd #102			
	(Address)		
Plantation, FL 33322			
	(City/ State and Zip Coo	e)	
john@moffa.law			/
E-mail address: (to be used	for future annual report	notification)	
For further information concerning this matter, please	call:		
John A. Moffa		4-607-3229	
(Name of Contact Person			rtime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	artment of State:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	-	S52.50 Filin Certificate o Certified Co (Additional Enclosed)	f Status py
Mailing Address Amendment Section		Address	
Division of Corporations	Amendment Section		

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently f	iled with the Florida De	pt. of State)	
732204				
(Docur	nent Number o	f Corporation (if known)		
Pursuant to the provisions of section 617.1006. Flo mendment(s) to its Articles of Incorporation:	rida Statutes, tl	ais <i>Florida Not For Profi</i>	t Corporation adopts the	he following
a. If amending name, enter the new name of the	e corporation:			
		NIA		The new
ame must be distinguishable and contain the word Company" or "Co," may not be used in the nam	I "corporation <u>e</u> .	" or "incorporated" or th	ne abbreviation "Corp.	"or "Inc."
3. Enter new principal office address, if applica Principal office address MUST BE A STREET A		NA		
The that office address MOST DE A STREET	——————————————————————————————————————			
			'. 	8
	_			00
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	NIA		:- :: :Л
(manag adar ess <u>ann a partir est est est est</u>			.;	
	_	_ 		<u></u>
	_		· · · · · · · · · · · · · · · · · · ·) - /.
). If amending the registered agent and/or regi	stered office a	ddress in Florida, enter	the name of the	r jo
new registered agent and/or the new register				
Name of New Registered Agent:	John A. Mof	la e		
	1776 N Pine	Island Rd #102		
		(Florida st	reet address)	
New Registered Office Address	:			
	Plantation		, Florida	2
	((City)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Ag	en <u>t:</u>		
hereby accept the appointment as registered age	nt. – Lam famili	ar with and accept the ob	ligations of the position	n
-	Sigye	yare of New Registered A	gent, 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	<u>V</u> <u>Mik</u>	<u>i Doe e Jones y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	P	Terence Whalen	5641 NW 4th Avenue
Add			Plantation, FL 33317
X Remove			
2) Change	P	John A. Moffa	1776 N Pine Island Rd #102
XAdd			Plantation, FL 33322
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding addit ttach additional sheets, if ne	zessary). (Be specifi	c)		
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	October 10, 2018	, if other than the
The date of each amendate this document was significant.		, it other than the
Effective date if applical	October 10, 2018 ble:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	I not be listed as the
Adoption of Amendmen	t(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were sufficient f	vas/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no membe adopted by the board	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
Dated _	10/10/18	
Signature _		
'n	the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	John A. Moffa	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	