NU3000005151

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(Ac	idress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HOLY SPIRIT	SYNODAL CATHOLIC CHURCH INC
DOCUMENTS AND ADDRESS AND ADDR	
DOCUMENT NUMBER: N03000005151	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
MOST REV. STEVEN M. ROSCZEWSKI	
	(Name of Contact Person)
HOLY SPIRIT SYNODAL CATHOLIC CHUR	CH INC
	(Firm/ Company)
3265 STATE ROAD 580	
	(Address)
Safety Harbor	
Survey Harbot	(City/ State and Zip Code)
bishop.steve@holyspiritocc.org	used for future annual report notification)
	•
For further information concerning this matter, pl	ease call:
Bishop Steven Rosczewski	at 727 754-9758
(Name of Contact Pe	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Stat	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 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

HOLY SPIRIT SYNODAL CATHOLIC CHURCH INC (Name of Corporation as currently filed with the Florida Dept. of State) N03000005151 (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: A. If amending name, enter the new name of the corporation: HOLY SPIRIT OLD CATHOLIC CHURCH INC name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: . Florida (City) (Zip Code) iew Registered Agent's Signature, if changing Registered Agent:

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

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 So	ones .	
Type of Action (Check One)	Title	Name	Address
1) Change Add	Co-Chai	Corrente, Donna M.	3265 State Road 580 Safety Harbor FL 34695-4929
X Remove			
2) Change Add	Councile	Dwayne Carte	3265 State Road 580 Safety Harbor FL 34695-4929
Remove 3) Remove 4 Add 4 Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
i) Change Add			
Remove			
If amending or addin (attach additional shee	eg additional Arti	cles, enter change(s) here: (Be specific)	
	<u> </u>		

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he date of each amendment(s) adoption:	, if other than the
ite this document was signed.	
ffective date if applicable: 01/01/2021	
(no more than 90 days after amendment fil	e date)
<u>ote:</u> If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	equirements, this date will not be listed as the

(CHECK ONE)

loption of Amendment(s)

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 12/02/2020
Signature ————————————————————————————————————
MOST REV. STEVEN M. ROSCZEWSKI
(Typed or printed name of person signing)
ED and PASTOR
(Title of person signing)