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SECRETARY OF STATE

MAY 17 2017
T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	UNIVERSITY COL	LEGE OF THE CA	RIBBEAN FC	OUNDATION - U.S., INC.
DOCUMENT NUMBER:	N05000004469			
The enclosed Articles of Amenda	nent and fee are subm	itted for filing.		
Please return all correspondence c	concerning this matter	to the following:		
PROFESSOR DENNIS J. GAYL	E, PhD			
	(Name of Contact Pe	rson)	
UNIVERSITY OF THE COMMO	ONWEALTH CARIB	BEAN		
		(Firm/ Company)	
17 WORTHINGTON AVENUE	3			
		(Address)		
KINGSTON 5, JAMAICA W.I.				
	(City/ State and Zip C	Code)	
FOUNDATIONMANAGER@UG	CC.EDU.JM or EXE	CUTIVECHANCEL	LOR@UCC.	EDU.JM
E-mail	address: (to be used f	or future annual rep	ort notification)
For further information concerning	g this matter, please c	all:		
PROFESSOR DENNIS J. GAYL	E, PhD	at	876	665-3874 OR 665-3967
(Nam	e of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made pay	able to the Florida D	epartment of S	State:
	43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Addres	ss	Str	eet Address	

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 curren	ntly filed with the Florida Dept. of State)				
N05000004469					
(Document Numb	per 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:				
UNIVERSITY OF THE COMMONWEALTH CARIBBEAN	N FOUNDATION - U.S., INC. (UCCF) The new				
name must be distinguishable and contain the word "corpora "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:	8077 SUMMER BAY COURT				
(Principal office address <u>MUST BE A STREET ADDRESS</u>	JACKSONVILLE, FLORIDA 32256				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8077 SUMMER BAY COURT				
	JACKSONVILLE, FLORIDA 32256				
D. If amonding the registered egent and/or registered office	as address in Florida, autor the name of the				
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a					
Name of New Registered Agent:	— N/A				
New Registered Office Address:	(Florida street address)				
	, Florida				
	(City) (Zip Code)				
New Registered Agent's Signature, if changing Registered the hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the positions Electrical acceptance of the positions of the position of the position of the positions of the positions of the position of the positions of the position of the positions of the positions of the position of the positio				
S	ignature of New Registered Agent, if changing 2				
	Page 1 of 4				

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address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice I	and/or I , if neces. rector tit. President = Chief F	Director being added: sary) le by the first letter of the offi ; T= Treasurer; S= Secretary Sinancial Officer. If an office	N/A ce title: r; D= Director; TR= Truste	rector being removed and title, name, and ee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office
	wes the c	orporation, Sally Smith is nat		T and Mike Jones is listed as the V. There is uld be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change Add Remove			· · · · · · · · · · · · · · · · · · ·	
2) Change		_		
Remove Change				

____ Add

____ Remove

tach additional sheets, if necessar	y). (Be specific)	,		
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MAY 9, 2017	
The date of each amendment(s) adoption:, late this document was signed.	if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 MAY 9, 2017	
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)	
DENNIS J. GAYLE, PhD	
(Typed or printed name of person signing)	
PRINCIPAL OFFICER/CHAIRMAN	
(Title of person signing)	