N0700000580

| (Requestor's Name) | |
|---|---|
| (Address) | _ |
| (Address) | _ |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Deputy and Misseless) | _ |
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Amend Thuis 5-20-09

LABRECQUE & COMPANY

1202 Nebraska Ave., Palm Harbor, FL 34683 Fax 727-789-2021 **727-786-8228** email: phcpa@webnetinc.com

May 11, 2009

Florida Department of State Amendment Section Division of Corporations P O Box 6327 Tallahassee,FL 32314

Send via Overnight Mail

Gentlemen:

Enclosed are the original and one executed copy of the Articles of Amendment to the articles of incorporation of the Sisters of St. Anne Bangalore, Inc., a Florida Not For Profit Organization. We have enclosed check #9457 in the amount of \$43.75 in payment of filing fees.

Upon filing, please return a certified copy to us. If you have any questions, please call us.

Sincerely,

LaBrecque & Company CPAs

Edward C. LaBrecque, PhD

ECL:smh Enclosure

Cc: Sisters of St. Anne Bangalore, Inc.

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORE | PORATION: Sisters of St. A | Anne Bangalore, Inc | |
|----------------------|--|--|---|
| DOCUMENT NU | MBER: N0700000580 | | |
| The enclosed Artic | les of Amendment and fee are sub | mitted for filing. | |
| Please return all co | rrespondence concerning this matt | er to the following: | |
| | | nne M Alappatt | · |
| | (Name of | Contact Person) | |
| | Sisters of St. A | Anne Bangalore, Inc | |
| | (Firm | / Company) | |
| | 1421 C | olumbia Ave | |
| | (/ | Address) | |
| | Palm Ha | rbor, Fl. 34683 | |
| | (City/ Stat | te and Zip Code) | |
| | | phopa.net d for future annual report notific | eation) |
| For further informs | ation concerning this matter, please | · | |
| | maner, preuse | , can: | |
| Edward C LaBr | ecque | at (<u>727</u>) <u>786-82</u> (Area Code & Dayt | 28 |
| (Nar | ne of Contact Person) | (Area Code & Dayt | ime Telephone Number) |
| Enclosed is a check | for the following amount made p | ayable to the Florida Departmen | nt of State: |
| \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| | niling Address | Street Address | <i>12 4.14.1024=)</i> |
| | nendment Section | Amendment Section | ione |
| | vision of Corporations D. Box 6327 | Division of Corporati Clifton Building | Olis |
| | llahassee, FL 32314 | 2661 Executive Cent | er Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| FIL | ED |
|-----------|-----------|
| 09 MAY 13 | AM II: La |
| ECRETABLE | - |

| Sisters of St. A | Anne Banga | alore, Inc. | TALLAHASSEE. FLORIDA |
|--|------------------|----------------------------|---------------------------------------|
| (Name of Corporation as curren | _ _ | | . of State) |
| N070 | 00000580 | | |
| (Document Numl | ber of Corporat | ion (if known) | |
| Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Inc | | , this <i>Florida No</i> i | <i>t For Profit Corporation</i> adopt |
| A. If amending name, enter the new name of | the corporatio | <u>n:</u> | |
| | N/A | | |
| The new name must be distinguishable and conabbreviation "Corp." or "Inc." "Company" or | | | |
| B. Enter new principal office address, if applie (Principal office address MUST BE A STREET | | N/A | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC | ' <u>E BOX</u>) | N/A | |
| D. If amending the registered agent and/or re new registered agent and/or the new regist | ered office add | dress: | - |
| Name of New Registered Agent: | Edwar | d C LaBrecque |) |
| _ | 1202 | Nebraska Ave | |
| New Registered Office Address: | (Flori | ida street address |) |
| _ | Pa | ılm Harbor | , _{Florida} 34683 |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing | g Registered A | gent: | |

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if planging

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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|----------------------------------|---------------------------|
| | N/A | | |
| | | | — - |
| | | | |
| | ing or adding additional Articl ditional sheets, if necessary). | | |
| This corpo | ration is organized exclusiv | ely for charitable, religious, e | ducational, and |
| scientific p | urposes under section 501 | (c)(3) of the Internal Revenue | Code, or corresponding |
| section of a | any future federal tax code. | | |
| Article X | | | |
| Upon the d | lissolution of this organizati | on, assets shall be distribute | d for one or more |
| exempt pur | rposes within the meaning | of section 501(c)(3) of the Int | ernal Revenue Code, |
| or correspo | onding section of any future | federal tax code, or shall be | distributed to the federa |
| governmer | nt, or to the state or local go | vernment, for a public purpo | se. |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |

| The date of each amendment(s) adoption: May 11, 2009 | | |
|--|---|--|
| Effective date if applicable: | May 11, 2009 | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/we was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval. | |
| There are no members or adopted by the board of di | members entitled to vote on the amendment(s). The amendment(s) was/were rectors. | |
| Dated May | 11, 2009 | |
| Signature _ | SimAlappatt | |
| (By hav | the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) | |
| | Sister Anne M Alapatt | |
| | (Typed or printed name of person signing) | |
| | President/Director | |
| | (Title of person signing) | |

Page 3 of 3