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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	BISHOP MOORE CATHOLIC HIGH SCHOOL, INC.
DOCUMENT NUMBER:	N07000011924
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
	THOMAS DOYLE (Name of Contact Person)
	(Name of Contact Person)
	BISHOP MOORE CATHOLIC HIGH SCHOOL, INC.
	(Firm/ Company)
	3901 EDGEWATER DRIVE
	(Address)
	ORLANDO, FZ 32804
	(City/ State and Zip Code)
	DOYLET & BISHOPMOORE. ORG
E-mail add	ress: (to be used for future annual report notification)
For further information concerning th	is matter, please call:
TH	TOMAS DOYLE at (467) 718-6870 Contact Person) (Area Code) (Daytime Telephone Number)
(Name of	Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount made payable to the Florida Department of State:
	5 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BISHOP MOCK	RE CATHORK	MCH SCH	OOL, INC.	
(Name of Corporation as currently filed with the Fl	lorida Dept. of State)	.0	~
N070000 1	1924		S S	020
(Documen	t Number of Corpora	tion (if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the co		a Not For Profit (Corporation adopts SSEE S	the collowing
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "inco	orporated" or the	abbreviation "Corp	The new
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
D. If amending the registered agent and/or register new registered agent and/or the new registered		Florida, enter th	e name of the	
Name of New Registered Agent:				
New Registered Office Address:		(Florida stree	t address)	
			, Florida	
_	(City)		(Zip Code)	,
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		nd accept the oblig	ations of the position	on.
	Signature of Ne	w Registered Age	nt, 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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) Change Add	<u></u>	BROGAN, SCOTT	3901 EDICEWATER DRIVE DRLANDO, FL 32804
	V P	WIKSTROM, ERIKA	3901 EDGE WATER PRIVE ORLANDO, FL 31804
Remove Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or add (attach additional she		Articles, enter change(s) here:). (Be specific)	

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The date of each amendment(s) ado	ption:	, if other than th
date this document was signed.		
Effective date if applicable:		
Effective date il applicable.	(no more than 90 days after amendment file date)	
	1.1.2 more man 20 mays upor umenument fite unief	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this dartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendr	nent(s)

Dated $\frac{7/2c/2o}{}$
Signature Morrando
(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)
THOMAS DOYLE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.