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COVER LETTER

TO: Amendment Section Division of Corporations

Catholic Education As	sistance Fund, Inc.			
N08000001691				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submi	tted for filing.			
Please return all correspondence concerning this matter	to the following:			
Conrad Willkomm, Esq.				
(1	Name of Contact Person	on)		
Law Office of Conrad Willkomm, P.A.				
	(Firm/ Company)			
3201 Tamiami Trail North, Second Floor				
*	(Address)			
Naples, Florida 34103				
(1	City/ State and Zip Co	de)		
Conrad@swfloridalaw.com				
E-mail address: (to be used to	or future annual repor	t notification	1)	
For further information concerning this matter, please c	all:			
Conrad Willkomm, Esq.	2 at	39	262-5303	
(Name of Contact Person)		Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	able to the Florida De	partment of S	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy is osed)	
Mailing Address Amendment Section		et Address	on	

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

Catholic Education Assistance Fund, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N08000001691 (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: 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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) New Registered Agent's Signature, if changing Registered Agent: 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 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 Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		-	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Primary Purpose Clause - The primary purpose for which this corporation is formed is to provide scholarships to Catholic
High School students in the Collier and Lee County region of Florida, as limited by any and all criteria necessary to obtain
and maintain 501 (c) (3) status pursuant to the provisions of the Internal Revenue Code and its Regulations as they now
exist or as they may hereafter be amended.
Dissolution Clause - Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes
within the meaning of section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal
tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such
assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal
office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said
Court shall determine, which are organized and operated exclusively for such purposes.

	04/17/2015	
The date of each amendm		, if other than the
late this document was sign	ned.	
	04/17/2015	
Effective date <u>if applicabl</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in comment's effective date of	n this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	listed as the
Adoption of Amendment((CHECK ONE)	
The amendment(s) was was/were sufficient fo	s/were adopted by the members and the number of votes cast for the amendment(s) rapproval.	
There are no members adopted by the board	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated	/04/2015	
Signature	le ful	
hav	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
	Brent Labreche	
,	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	