N080000 10404

(Re	equestor's Name)	
(Ad	dress)	<u></u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		01/11/14
	Office Line On	$\overline{V_{i}}$



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MC 3/28/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Don	Bosco's Hon	e, olc.
DOCUMENT NUMBER:	N 08	000010404	
The enclosed Articles of Amendme	nt and fee are su	bmitted for filing.	
Please return all correspondence co	ncerning this ma	tter to the following:	
Charles	Sobel	(Name of Contact Perso	
		(Name of Contact Perso	n)
Don Boso	co's Hon	ne, obc.	
		(Firm/ Company)	
12608	CATAM	man Place	
		(Address)	
TAMP	a, FL	. 33618 (City/ State and Zip Coo	1
		(City/ State and Zip Coo	le)
C	Sobel	DearesF	l.org
E-mail a	ddress: (to be us	ed for future annual report	notification)
For further information concerning	this matter, plea	se call:	
Chanes Son	oe(at (813	924-7672 Code & Daytime Telephone Number)
(Name of Contact P	erson)	(Area C	Code & Daytime Telephone Number)
Enclosed is a check for the following	g amount made	payable to the Florida Dep	artment of State:
	3.75 Filing Fee ortificate of Statu	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section of Corporation of	on prations	Amen Divisi Clifto 2661	Address dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301

Articles of Amendment to Articles of Incorporation of

A. If amending name, enter the new name of the corporation: DON BOSCO'S Children's Home ONC. The new 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)	DON BOSCO'S HOM	e, de.				
(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: DON DOSCO'S Chicknew's Home, owe	(Name of Corporation as currently filed with the Flor	rida Dept. of State)		1	,	
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: DON DOSCO'S Children's Home of Corporation: The new 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 malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A (Florida street address) N/A (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. N/A	N 08000010404					
A. If amending name, enter the new name of the corporation: DON BOSCO'S Children's Home, one of the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	(Document Number of Co	rporation (if known)			,	
DON BOSCO'S Children's Home Onc. The new 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: New Registered Office Address: N/A (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. N/A	Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	Profit Corporation	adopts the	followir	ng
### 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: N/A			,	1		
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A STREET ADDRESS) 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: New Registered Office Address: N/A (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. N/A	name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" or "incorporated	" or the abbreviation	on "Corp." o	or "Inc.	,,
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: N / A	B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		/A		•	
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: N / A	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA		7.0 7.0 2.0 2.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3	14 HA	
Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: N/A (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. N/A			enter the name of	the		_
New Registered Office Address: New Registered Office Address (Florida street address)	new registered agent and/or the new registered office a					L
New Registered Office Address: New Registered Office Address: N / A Florida	Name of New Registered Agent:	N/A				
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. N/A	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
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. N/A	(City)		, Florida	Zip Code		
		Agent: niliar with and accept t		•		
	Signature of New		anging			

Page 1 of 4

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		Doe Jones Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address .
1) Change	<u> </u>		N/A	
Add				
Remove				,
2) Change				
Add				
Remove			•	
3) Change				
Add				
Remove	•			
4) Change	<u> </u>			
Add	I			
Remove	•			
5) Change				
Add	}			
Remove				
6) Change				
Add	! !			
Remove				

f amending or adding ad utach additional sheets, if	ditional Articles necessary). (B	, enter change(s) e specific)	<u>here</u> :		
N/A-					
	· · · · · · · · · · · · · · · · · · ·	10 / / /			
			<u> </u>		
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			. 		
			<u>"</u>		
					

	date of each amendmenthis document was signe		, if other than the
	ective date <u>if applicable</u> :	λ) / Δ	
2110	enve dute <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Ada	ption of Amendment(s)	(CHECK ONE)	
<u>(3</u>	The amendment(s) was/ was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
	There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated	MARCH 21, 2014	
	Signature	Cardenel	
	have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
		Charles Sobel	
		(Typed or printed name of person signing)	
		President	
	•	(Title of person signing)	