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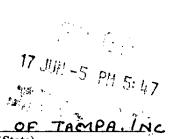
16.

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SACRED HEART KNAHAYA CATHOLIC MISSION OF TAMPA INC.
DOCUMENT NUMBER: N0900003630-
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
REV. DOMINIC JOSEPH. (Name of Contact Person)
(Name of Contact Person)
SACRED HEART KNANAYA CATHOLIC FORANE CHURCH (Firm/ Company)
3920. S. KINGS AVE. (Address)
BRANDON, FLORIDA - 33511. (City/ State and Zip Code)
TAMPAKNANAYAMISSION & COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
REV. DOMINIC JOSEPH at 813-330-6672. (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:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& Certificate of Status
Mailing Address Street 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



SACRED HEART KNANAYA C	A THOLIC CM	ISSION OF TAMPA. IN
N 09000003630. (Document Numb	ber of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
SACRED HEART KNANAYA CA name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	ATHOLIC Fo	RANE CHURCH. McThe new "Or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	, N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A.	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Flo	orida street address)
	N A	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent:	
	N/A.	ered Agent, if changing
S	Signature of New Registe	ered 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 So	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add		_N/A	
Remove 2) Change Add		N/A	
Remove 3) Change Add		N/A	
Remove 4) Change Add		-+/A	
Remove 5) Change Add		_~/A	
Remove 6) Change Add Remove		-N/A	
KCHIOVE			

samending or adding additional Art ttach additional sheets, if necessary).	(Be specific)
	n/A
	
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	te date of each amendment(s) adoption:O	02/2017	, if other than the
Eff	fective date if applicable: 06/0 (no more than 90	0 9 12017 days after amendment file date)	
	nte: If the date inserted in this block does not meet the apcument's effective date on the Department of State's reco		s, this date will not be listed as the
4de	loption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members a was/were sufficient for approval.	and the number of votes cast for the	amendment(s)
M	There are no members or members entitled to vote on tadopted by the board of directors.	he amendment(s). The amendment(s)	s) was/were
	Dated <u>06/02/2017</u> Signature		
	(By the chairman or vice chairman o	f the board, president or other office porator – if in the hands of a receiver	
		or printed name of person signing)	
	PASTO	(Title of person signing)	