

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	



800315314888

07/10/18--01007--006 **35.00

2016 JUL 10 PH 1:54 SECRETARY OF STATE

C. GOLDEN

JUL 1 2 2018

COVER LETTER

TO: Amendment Section

Division of Corporations THE DIOCESE OF SAINT OF SAINTS INC NAME OF CORPORATION: N09000009784 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHARLËS TRAVIS (Name of Contact Person) LOGOS GLOBAL NETWORK INC (Firm/ Company) PO BOX 351087 (Address) JACKSONVILLE FL 32225 (City/ State and Zip Code) drt@aidanu.education E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHARLES TRAVIS 904 613-8469 (Name of Contact Person) (Area Code) (Davtime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

THE DIOCESE OF SAINT OF SAINTS INC

2018 JUL 10 PM 1:54

(Name of Corporation as cur	rrently filed with the Florida Dept. of State)	SECRETARY OF STATE TALLAHASSEE, FLORIO
	umber of Corporation (if known)	
·	amoci vi cvipilation (ii kilowii)	
Pursuant to the provisions of section 617.1006, Florida Sta unendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation	adopts the following
N. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp 'Company" or "Co." may not be used in the name.	ooration" or "incorporated" or the abbreviatio	on "Corp." or "Inc."
B. Enternew principal office address, if applicable:	11152 OAK RIDGE DR S	
Principal office address MUST BE A STREET ADDRE	JACKSONVILLE FL 32225	
. Enter new mailing address, if applicable:	11152 OAK RIDGE DR S	
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE FL 32225	
). 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		
Name of New Registered Agent:	LEY WOOD	
11152	2 OAK RIDGE DR S	
New Registered Office Address:	(Florida street address)	
	(SONVILLE , Flori	32225
	(City) (Zi	p Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I an		e position.
	Thurly Wood	
	Signature of New Registered Agent if chang	ing

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:			
' <u>X</u> Change - <u>X</u> Remoye		<u>thn Doe</u> like Jones	
$X \land Add$		Illy Smith	
Type of Action	Title	<u>Name</u>	<u>Addres</u> s
(Check One)			
X Change	P	CHARLES TRAVIS	11152 OAK RIDGE DR S
Add			JACKSONVILLE FL 32225
Remove			
	VP	CHRIS TURNER	749 MAHOGANY DR
X Add			CASSELBERRY FL 32707
Remove			
3)Change	ST	SHIRLEY WOOD	11152 OAK RIDGE DR S
X Add			JACKSONVILLE FL 32225
Řemove			
4) Change	Р	DAVID D SCOTT	902 SPRING VALLEY ROAD
 Add			ALTAMONTE SPRINGS FL
X Remove			32714
5) Change	VP	REBECCA C SCOTT	902 SPRING VALLEY ROAD
Add			ALTAMONTE SPRINGS FL
X Remove			32714
1			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)									
(attach	additional sheets, if necessary). (Be specific)								
-									
• 1									
i									
Í									
	:								

		JULY 1 2018	
u	of each amend ocument was si	ment(s) adoption:	, if other than the
	date <u>if applica</u>	JULY 1 2018	
II.		(no more than 90 days after amendment file date)	
		I in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	ot be listed as the
doption	of Amendmen	t(s) (<u>CHECK ONE</u>)	
	nnendment(s) v vere sufficient	vas/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
13	are no membe ted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	Dated _	JULY 1 2018	
լ <mark>(</mark> 	Signature _	Mulhau	
	ŀ	By the chaffman 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)	
		CHARLES TRAVIS	
		(Typed or printed name of person signing)	
İ		PRESIDENT	
!	1	(Title of person signing)	