

N1000000 5142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

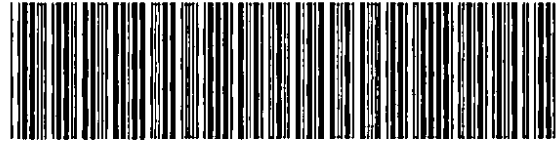
(Business Entity Name)

(Document Number)

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JAN - 9 2020

COVER LETTER

: Amendment Section
Division of Corporations

Catholic University Institute of Beau Foundation, Inc

NAME OF CORPORATION: _____

N10000005142

DOCUMENT NUMBER: _____

enclosed *Articles of Amendment* and fee are submitted for filing.

use return all correspondence concerning this matter to the following:

hard G. Hoefling

(Name of Contact Person)

hard G. Hoefling Attorney at Law

(Firm/ Company)

Box 471108

(Address)

Charlotte, NC 28247

(City/ State and Zip Code)

ef542@yahoo.com

E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

hard G. Hoefling

7046415410

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

losed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|--|--|

✓ **Mailing Address**
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

holic University Institute of Beau Foundation, Inc

Name of Corporation as currently filed with the Florida Dept. of State)

XXXXXXXX5142

(Document Number of Corporation (if known))

uant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following
ndment(s) to its Articles of Incorporation:

If amending name, enter the new name of the corporation:

ca E5 Foundation, Inc

The new

*e must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "
npany" or "Co." may not be used in the name.*

Enter new principal office address, if applicable:

N/A

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

Registered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, address of each Officer and/or Director being added: *N/A*
(attach additional sheets, if necessary)
Please note the officer/director title by the first letter of the office title:
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 title. 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:
Change PT John Doe
Remove V Mike Jones
Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

late of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: January 1, 2020
(no more than 90 days after amendment file date)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the amendment's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

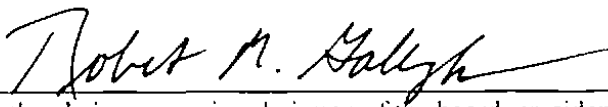
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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

November 26, 2019

Dated

Signature



(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)

Robert M. Gallagher

(Typed or printed name of person signing)

Director

(Title of person signing)