N1400002603

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COVER LETTER

TO: Amendment Section Division of Corporations

THE SAINT JOHN PAUL, II CATH	OLIC SCHOOL SALVATION FOUNDATION, IN
N14000002603 DOCUMENT NUMBER:	`o
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	g:
WILLIAM J. GRANT	
(Name of Contact	et Person)
LAW OFFICE OF GRANT & DOZIER, LLC	
(Firm/ Com	pany)
123 NORTH APOPKA AVENUE	
(Addres	s)
INVERNESS, FLORIDA 34450	
(City/ State and	Zip Code)
WGRANT@GRANTDOZIERLAW.COM	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, please call:	
WILLIAM J. GRANT	352 726-5111
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flor	ida Department of State:
\$35 Filing Fee \$\sum \$\subset\$	y Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State) THE SAINT JOHN PAUL, II CATHOLIC SCHOOL SALVATION FOUNDATION, INC. (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: N/A

<u> </u>	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." ee.
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET 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 regi- new registered agent and/or the new register	stered office address in Florida, enter the name of the red office address:
Name of New Registered Agent:	WILLIAM J. GRANT
	123 NORTH APOPKA AVENUE
V 2 1000 111	(Florida street address)
New Registered Office Address:	

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.

INVERNESS

Registered Agent, if changing

Florida (Zip Code)

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	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	JENNIFER PETRELLA	123 NORTH APOPKA AVENUE
Add Remove			INVERNESS, FLORIDA 34450
2) Change	D	KEVIN HEWITTSON	123 NORTH APOPKA AVENUE
Add X Remove			INVERNESS, FLORIDA 34450
3) Change	D	EDWARD J GARRETTS	123 NORTH APOPKA AVENUE
Add X Remove			INVERNESS, FLORIDA 34450
4) Change	D	SUSAN BOGART	123 NORTH APOPKA AVENUE
Add X Remove			INVERNESS, FLORIDA 34450
5) Change	D	MEGAN T FITZPATRICK	123 NORTH APOPKA AVENUE
Add X Remove			INVERNESS, FLORIDA 34450
6) Change	D	KIM COLITZ	123 NORTH APOPKA AVENUE
X Add			INVERNESS, FLORIDA 34450
Remove			

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.

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Example: X Change X Remove X Add	\underline{V} \underline{Mik}	n <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	FRANK COLITZ	123 NORTH APOPKA AVENUE
XAdd			INVERNESS, FLORIDA 34450
Remove			
2) Change	D	BRAD HOLLINGSWORTH	123 NORTH APOPKA AVENUE
X Add			INVERNESS, FLORIDA 34450
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)				
N/A					
					
					
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		-			
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	 			-	
				 	
					
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The	e date of each amendment(s) adoption:	, if other than the
	e this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.	not be listed as the
Add	option 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.	
	Dated NOVEMBER 4, 2016	
	Signature William Jeh Jano	
	(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)	
	WILLIAM J. GRANT	
	(Typed or printed name of person signing)	
	OFFICER	
	(Title of person signing)	