

N 17000000 385

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S TALLENT

APR 26 2017

*Amend*

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17 APR 24 PM 3:13  
TALLAHASSEE, FLORIDA

# CHISHOLM | LAW FIRM™

Audrey K. Chisholm, Esquire  
Telephone: 407-674-2657  
Audrey@ChisholmFirm.com

Post Office Box 2189  
Orlando, Florida 32802-2189  
[www.StartYourTaxExemptNonprofit.com](http://www.StartYourTaxExemptNonprofit.com)

April 20, 2017

Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**Subject: Non-Profit Incorporation**

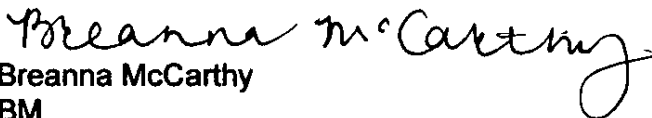
To Whom It May Concern:

Enclosed please find the original Articles of Amendment ("Articles") along with trust account check no. 323 made payable to the Florida Department of State in the amount of \$35 in order to defray your filing fee for the Articles filed on behalf of:

Our Lady of Regal, Inc.  
[ladyofregal@gmail.com](mailto:ladyofregal@gmail.com)  
239-384-3180  
(for annual report notification)

If you should have any questions, please feel free to contact me at 407-674-2657.

Very sincerely yours,

  
Breanna McCarthy  
BM

Enclosure: Articles of Amendment  
cc: Client



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2017

BREANNA MCCARTHY  
CHISHOLM LAW FIRM  
PO BOX 2189  
ORLANDO, FL 32802

SUBJECT: OUR LADY OF REGAL INC.  
Ref. Number: N17000000385

We have received your document for OUR LADY OF REGAL INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 817A00006459

RECEIVED  
17 APR 24 PM 3:35  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: OUR LADY OF REGAL INC.

DOCUMENT NUMBER: N17000000385

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

Please return all correspondence concerning this matter to the following:

Breanna McCarthy

(Name of Contact Person)

Chisholm Law Firm

(Firm/ Company)

PO BOX 2189

(Address)

Orlando, FL 32802

(City/ State and Zip Code)

breanna@ChisholmFirm.com

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

For further information concerning this matter, please call:

Breanna McCarthy

407

674-2657

at

(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

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED

17 MAR 31 PM 4:05

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

OUR LADY OF REGAL INC.

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

N17000000385

(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:**

*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:

(Florida street address)

(City)

, Florida

(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.*

Signature of New Registered 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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

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

Article VIII Purpose

(1) Generally, to have and exercise all rights and powers conferred on nonprofit corporations under the laws of Florida which may hereafter be conferred, including the power to contract, rent, buy, or sell personal or real property;

(2) Notwithstanding any of the above statements of purpose and powers, this corporation shall not engage in any exercise any powers that are not in furtherance of the primary purpose of this corporation;

(3) No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempt to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office;

Article IX Liability Statement

The nonprofit shall defend, indemnify and hold harmless all directors and officers of the nonprofit against expense (including attorney's fees, judgments, fines, and amounts paid in settlement) incurred in connection with any claim of action, demands, damages, liabilities of the nonprofit, and any pending or threatened action, suit, or proceeding in which the director or officer is or may be a party. Indemnification shall be made to the fullest extent permitted by the laws of the State of Florida, providing that such action or omissions which gives rise to the cause of action or proceedings occurred while the director or officer was in performance of his or her duties for the nonprofit and was not as a result of his or her fraud, gross negligence, willful misconduct or a wrongful taking. The indemnification provided herein shall inure to the benefit of successors, assigns, executors, and the administrators of any such purpose.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document'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.

Dated March 27 2017

Signature Sophia Avila  
(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)

Sophia Avila

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)