## Myacabos,

| (Re                     | questor's Name)    |           |
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| PICK-UP                 | MAIT               | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION:                                | D PARISH IN HOLN  | IES BEAC                | CH, INC.           |  |               |
|---|---|-------------------------|--------------------|--|---------------|
| W17000000571  DOCUMENT NUMBER:                      |   |                         |                    |  |               |
| The enclosed Articles of Amendment and fee a        | re submitted for filing   |                         |                    |  |               |
| Please return all correspondence concerning this    | s matter to the followi   | ng:                     |                    |  |               |
| CHESTER DOMASZEWICZ                                 |   |                         |                    |  |               |
|   | (Name of Cont   | act Person              | )                  |  |               |
| ST. BERNARD PARISH IN HOLMES BEACH                  | H, INC  |                         |                    |  |               |
|   | (Firm/ Cor  | npany)                  | <del></del>        |  |               |
| 248 SOUTH HARBOR DRIVE                              |   |                         |                    |  |               |
|   | (Addre  | ss)                     |                    |  |               |
| HOLMES BEACH, FL 34217                              |   |                         |                    |  |               |
|   | (City/ State and  | Zip Code)               | )                  | <del></del> ,  |               |
| PASTOR@STBERNARDCC.COM                              |   |                         |                    |  |               |
| E-mail address: (to be                              | e used for future annu-   | l report no             | otification        | 1)   |               |
| For further information concerning this matter, p   | olease call:  |                         |                    |  |               |
| CHESTER DOMASZEWICZ                                 |   | 941<br>at               |                    | 778-4769   |               |
| (Name of Contact P                                  | erson)  |                         | a Code)            | (Daytime Tele  | phone Number) |
| Enclosed is a check for the following amount ma     | ide payable to the Flor   | ida D <del>ep</del> art | ment of S          | State:   |               |
| \$35 Filing Fee \$43.75 Filing Fe Certificate of St | ee & \$\sumsymbol{\subset}\$\$ \$43.75 \text{ Filing} \text{ Certified Cop} \text{ (Additional coenclosed)} | y                       | Certifi<br>Certifi | Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed) |               |
| Mailing Address                                     |   | Street A                | ddress             | -n   |               |

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 Articles of Incorporation of

## ST. BERNARD PARISH IN HOLMES BEACH, INC

| (Name of Corporation as of  | currently filed with the Flo        | orida Dept. of State)                   |             |
|---|-------------------------------------|---|-------------|
| 17000000571   |                                     |   |             |
| (Document   | Number of Corporation (if           | known)                                  |             |
| Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:        | Statutes, this <i>Florida Not F</i> | or Profit Corporation adopts the follow | ing         |
| a. If amending name, enter the new name of the cor  | poration:                           |   |             |
|   |                                     | The n                                   | ew          |
| ame must be distinguishable and contain the word "co<br>Company" or "Co." may not be used in the name.        | rporation" or "incorporate          | ed" or the abbreviation "Corp." or "Inc | :. <b>"</b> |
| 3. Enter new principal office address, if applicable:   |                                     |   |             |
| Principal office address <u>MUST BE A STREET ADDR</u>   | <u>(ESS</u> )                       |   |             |
|   |                                     |   | _           |
|   |                                     |   | _           |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                    | )                                   |   |             |
|   |                                     |   | _           |
|   |                                     |   |             |
|   |                                     | <u> </u>                                | _ [         |
| . If amending the registered agent and/or registered  | d office address in Florida         | enter the name of the                   | [           |
| new registered agent and/or the new registered of   | fice address:                       |   |             |
| Name of New Registered Agent:   |                                     | <u></u>                                 |             |
|   |                                     |   |             |
| New Registered Office Address:  | (F                                  | lorida street address)                  |             |
|   |                                     | TT1                                     |             |
|   | (City)                              | , Florida<br>(Zip Code)                 | _           |
| ow Degistered Agentle Signature if the size Poster  |                                     | • • •                                   |             |
| ew Registered Agent's Signature, if changing Regist<br>hereby accept the appointment as registered agent. I a |                                     | the obligations of the position.        |             |
|   | -                                   |   |             |
| ·   |                                     |   | _           |
|   | Signature of New Regist             | 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 | $\underline{V}$ $\underline{M}$ | ohn Doe<br>like Jones<br>ally Smith |                       |
|----------------------------------|---------------------------------|-------------------------------------|-----------------------|
| Type of Action<br>(Check One)    | Title                           | <u>Name</u>                         | <u>Addres</u> s       |
| 1) Change                        | <u>s</u>                        | PAULETTE KACZOR                     | 1000 PINEBROOK ROAD   |
| Add                              |                                 |                                     | VENICE, FLORIDA 34285 |
| X Remove                         |                                 |                                     |                       |
| 2) Change                        | <u>s</u>                        | HERMAN J. CLARK                     | 1000 PINEBROOK ROAD   |
| X Add                            |                                 |                                     | VENICE, FLORIDA 34285 |
| Remove                           |                                 |                                     |                       |
| 3) Change                        |                                 | <del></del>                         | <del>-</del>          |
| Add                              |                                 |                                     |                       |
| Remove                           |                                 |                                     |                       |
| 4) Change                        |                                 |                                     |                       |
| Add                              |                                 |                                     |                       |
| Remove                           |                                 |                                     |                       |
| 5) Change                        |                                 |                                     |                       |
| Add                              |                                 |                                     |                       |
| Remove                           |                                 |                                     |                       |
| 6) Change                        |                                 |                                     |                       |
| Add                              |                                 |                                     |                       |
| Remove                           |                                 |                                     |                       |

| attach additional sh                    | ling additional Arti<br>eets, if necessary). | (Be specific) |              |             |              |                                       |
|---|--|---------------|--------------|-------------|--------------|---------------------------------------|
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|   |  |               |              |             |              |                                       |

|     |   | SEPTEMBER 1, 2018   |                     |
|-----|---|---|---------------------|
|     | e date of each amendmen<br>e this document was signed | •   | , if other than the |
|     | ective date <u>if applicable</u> :                    | SEPTEMBER 1, 2018   |                     |
|     |   | (no more than 90 days after amendment file date)  |                     |
|     |   | his block does not meet the applicable statutory filing requirements, this date will no he Department of State's records.   | ot be listed as the |
| Ado | option of Amendment(s)                                | ( <u>CHECK ONE</u> )  |                     |
|     | The amendment(s) was/was/were sufficient for ap       | vere adopted by the members and the number of votes east for the amendment(s) oproval.  |                     |
|     | There are no members or adopted by the board of o     | members entitled to vote on the amendment(s). The amendment(s) was/were directors.  |                     |
|     | SEPT<br>Dated   | EMBER 20, 2018  |                     |
|     | $\frac{1}{2}$   |   |                     |
|     | Signature   | CONORIAC  |                     |
|     | have r  | chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |                     |
|     | СН  | ESTER DOMASZEWICZ   |                     |
|     |   | (Typed or printed name of person signing)   |                     |
|     | PR  | ESIDENT   |                     |
|     |   | (Title of person signing)   |                     |