N.19000005573

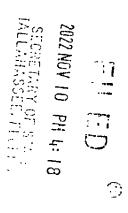
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	e)
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Special Instructions to	Filing Officer:	
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11/10/22--01008--021 **49.75



COVER LETTER

Division of Corporations
NAME OF CORPORATION: Catholic School house of St. Augustine, FL, In
DOCUMENT NUMBER: N 900005573
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tara Coggin
(Name of Contact Person)
(Firm/ Company)
14701 Bulow Creek Drive (Address)
(Address)
Jacksonville, Florida 32258
(City/ State and Zip Code)
Staugustine Fla Catholic School house. Con exmail address: (to be used for liture annual report notification)
For further information concerning this matter, please call:
Tora Cogjin at 904 53 5 4077 (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 \$\$43.75 Filing Fee \$\$Certificate of Status

Mailing Address

TO: Amendment Section

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

Catholic Schoolhouse of S	t. Avausting FC TIME
(Name of Corporation as currently filed with the Florida Dept. of	
N19000005573	poration (if known)
(Document Number of Co	
Pursuant to the provisions of section 617.1006, Florida Statutes, this F amendment(s) to its Articles of Incorporation:	Iorida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
Angelus Community	Inc. The new
name must be distinguishable and contain the word "corporation" or "Company" or "Co," may not be used in the name.	"incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA
(Frincipal office address MOST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	J/A
	1
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent:	A
	(Florida street æklress)
New Registered Office Address:	
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature o	New Registered Agent, if changing

(Attach additional sheets Please note the officer/di P = President; V = Vice I	ncer and/or Dire ; if necessary) rector tule by the President; T= Tr = Chief Financia	ector being added: e first letter of the office ti easurer; S= Secretary; D: il Officer. If an officer/dir	tle: = Director: TR= Trus	director being removed and title, name, tree; $C = Chairman \ or \ Clerk; \ CEO = Chie \ one title, list the first letter of each office$	Í
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	wes the corporat	ion, Sally Smith is named .	Doe is listed as the P: the V and S. These sh	ST and Mike Jones is listed as the V. There ould be noted as John Doe, PT as a Chang	e is ge,
Example: X Change X Remove X Add	PT John I V Mike SV Sally	Jones			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change Add		NA			
Remove		• / / 10			
2) Change Add		$\frac{N/A}{A}$			
Remove 3) Change Add Remove		-N/A			
4) Change Add		NA	 .		
Remove		0//0			
5) Change Add		IV/A			
Remove		x , / ,	-		
6) Change Add		-N/A			
Remove		,			
E. If amending or addin (attach additional sheet	g additional Art s, if necessary).	ticles, enter change(s) he (Be specific)	re: N/A		

	· · · · · · · · · · · · · · · · · · ·	
		
		<u>_</u>
		
		
		
		
The date of each amendment(s) adoption: date this document was signed.	:	_, if other than the
Effective date if applicable:		
(n	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not it of State's records.	be listed as the
Adoption of Amendment(s) ((CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

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 11-7-2022
Signature 2
(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)
Tara Coggin
(Typed or printed name of person signing)
Director
(Title of person signing)