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COVER LETTER

'. **TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: PORTUGUESE	AMERICAN CULTURAL CENTER	R OF PALM COAST, INC.
DOCUMENT NUMBE	R:N3592	7	
The enclosed Articles of	Amendment and fee are s	ubmitted for filing.	
Please return all correspo	ndence concerning this ma	atter to the following:	
ROS	A F. COSTA	of Contact Boreau	
	(Name o	of Contact Person)	
POR	TUGUESE AMERICAN C	ULTURAL CENTER OF PALM O	COAST, INC.
	(Fir	rm/ Company)	
120	O PALM HARBOR PARK	WAY	
	· · ·	(Address)	
PAL	M COAST, FLORIDA 3	2137	
	**** * * * * * * * * * * * * * * * * * *	tate and Zip Code)	
	C@cfl.rr.com E-mail address: (to be used) concerning this matter, plea	sed for future annual report notific	ation)
ROSA COSTA		at (386) 931-653	34
(Name of	Contact Person)	at (at (386)931-653 (Area Code & Dayti	me Telephone Number)
Enclosed is a check for the	ne following amount made	e payable to the Florida Departmen	at of State:
	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Division P.O. Box	ent Section of Corporations	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of

FILED

2018 AUG 31 AM 10: 53

PORTUGUESE AMERICAN CULTURAL CENTER OF PALM COAST, TAREAHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dent. of State)

(Name of Corporation as currently filed with the Florida Dept. of State)
N35927

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		rofit Corporation adopts
A. If amending name, enter the new name of	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		orporated" or the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		·
D. If amending the registered agent and/or new registered agent and/or the new reg		er the name of the
Name of New Registered Agent:	CARLOS MATOS	_
New Registered Office Address:	1200 PALM HARBOR PARKWAY (Florida street address)	_
	PALM COAST	, Florida32137
New Registered Agent's Signature, if change		(Zip Code)
I hereby accept the appointment as registere position.	Cum Wu	ot the obligations of the
	Signature of New Registered Agent if the	enging

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) **Title** <u>Name</u> **Address** Type of Action PD CARLOS MATOS 1200 palm HARBOR PKWY. 🔼 Add PALM COAST, FL 32137 □ Remove VPD Dr. EDUARDO LEITAO 1200 PALM HARBOR PKWY. Ď Add PALM COAST, FL 32137 ☐ Remove PD LUIS MEDEIROS 1200Palm Harbor PKWY. ☐ Add Remove . VPD Antonio Santos 1200 Palm Harbor Pkwy. Palm Coast, FL 32137 X remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: _	July 09, 2010
Effective date <u>if applicable</u> :	(date of adoption is required) August 24, 2010
	ore than 90 days after amendment file date)
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by th was/were sufficient for approval.	e members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	d to vote on the amendment(s). The amendment(s) was/were
Dated August 25, 20	10
Signature	nMM-
(By the chairman of have not been select	r vice chairman of the board, president or other officer-if directors eted, by an incorporator – if in the hands of a receiver, trustee, of the fiduciary by that fiduciary)
CARLO	OS MATOS
(T)	yped or printed name of person signing)
Pres	ident/director
	(Title of person signing)

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