N36671

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ST. NICHOLAS CEMETARY ASSOCIATION, INC
DOCUMENT NUMBER: N36671
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEBORAH DOVÍS (Name of Contact Person)
ST. Nicholas Cemetery Association, Inc. (Firm/Company)
P.O. BOX 47461 (Address)
JackSonville, FL. 32247 (City/State and Zip Code)
St. nicholas Cemeter Jassociation @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah Davis (Name of Contact Person) at (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 & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation
of

ST. NICHOLAS CEMETARY ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
N3i0071
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: ST. NICHOIAS CEMETER ASSOCIATION I 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) P. O. BOX 47461 Tacksonville FL 32247
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: D
TackSonville, Florida 32209 (City) (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: X Change X Remove X Add	PT John De V Mike Je SV Sally Se	ones .	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add			
Remove		\wedge	
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add		,	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Artits, if necessary).	Page 2 of 4 icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Dec. d. A. de d. T.		
Effective date if applicable:	re than 90 days after amendment file date)	
(no mo	re man 20 aays ajier amenameni jite aate)	

<u>Note:</u> 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)

-1 The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

adopted by the board of directors.
Dated 1/30/2020
Signature Debruh Daris
(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)
Deborah Davis
(Typed or printed name of person signing)
1100 - 100 100

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were