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COVER LETTER

TO: Amendment Section Division of Corporations

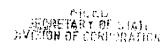
NAME OF CORPORATIO	Iona House Corporati	on			
	N93000002368				
DOCUMENT NUMBER: _			•		
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
Joseph Gallagher					
	(Name of Contact Pers	son)		
Iona House Corporation					
		(Firm/ Company)	-		
10290 Indiana Syreet					
	· · · · · · · · · · · · · · · · · · ·	(Address)			
Bonita Springs, Florida 341.					
	(City/ State and Zip Co	ode)		
donovangavin@yahoo.com					
E	-mail address: (to be used	for future annual repo	rt notification	1)	
For further information conc	erning this matter, please o	eall:			
Joseph Gallagher		at	239	785-8858	
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)	1
Enclosed is a check for the for	ollowing amount made pay	able to the Florida De	epartment of	State:	
⊠ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
		α.			

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

Articles of Amendment to Articles of Incorporation of



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Iona House Corporation				
(Name of Corporation as curr	ently filed with the Florida Dept. of State)			
N93000002368				
(Document Nur	nber of Corporation (if known)			
Pursuant to the provisions of section 617.1006. Florida State amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the follows:	owin		
A. If amending name, enter the new name of the corpor	ation:			
,	The	e nevi		
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "i	Inc."		
B. Enter new principal office address, if applicable:	10290 Indiana Street			
Principal office address <u>MUST BE A STREET ADDRES</u>	S) Bonita Springs, Florida			
	34135	34135		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10290 Indiana Street			
	Bonita Springs, Florida			
	34135			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office				
Name of New Registered Agent: Joseph	Gallagher			
	10290 Indiana Street, Bonita Springs, Florida 34135			
	(Florida street address)			
<u>New Registered Office Address</u> : 10290 I	ndiana Street, Bonita Springs Florida			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am	d Agent:			
La L	19x Ohl			
//	Signature of New Registered Agent, if changing			

Page 1 of 4

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 <math>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	<u>V</u> <u>Mi</u>	nn Doc ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	Joseph Gallagher	10290 Indiana Street
Add			Bonita Springs, Fl
Remove			34135
2) Change	D	Lois Boomgaard	9872 El Greco Circle
X Add		1	Bonita Spring, Fl
Remove			34135
3) Change	<u>v</u>	Frank Ragonese	27499 Riverview Center Blvd
Add			Bonita Springs, Fl
X Remove			34135
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		\ 	
Add			
Remove			

E. <u>If amending or adding additional Articles (attach additional sheets, if necessary).</u>	(Be specific)		
N/A			
	1	-	
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	1		

	N/A	and the state of
The date of each amendment(s) adoption date this document was signed.	1:	A A SHOULD US COREOU VILLE
N/A Effective date <u>if applicable</u> :		2016 SEP 22 PM 1: 29
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doo document's effective date on the Department	es not meet the applicable statutory filing requirements, this datent of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment	ent(s)
There are no members or members er adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/w	ere
Dated 9/2/16		
Signature MM (1)	h	<u></u>
have not been sele	or vice chairman of the board, president or other officer-if directed, by an incorporator — if in the hands of a receiver, trustee nited fiduciary by that fiduciary)	
Joseph Gallagi	ner	
	(Typed or printed name of person signing)	 -
President, Iona	a House Corporation	
	(Title of person signing)	_