

07/27/2017 7:28/2017

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Division of Corporations

(FAX) 727 442 8470

P.00 /007

N99000005425

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COR AMND/RESTATE/CORRECT OR O/D RESIGN THE CONGREGATION OF THE SISTERS OF ST.CLARE (EASTERN

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Congregation of the Sisters of St. Clare (Florida), Inc.

DOCUMENT NUMBER: N99000005425

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashleigh Young
(Name of Contact Person)

Macfarlane Ferguson & McMullen
(Firm/ Company)

625 Court Street, Suite 200
(Address)

Clearwater, FL 33756
(City/ State and Zip Code)

jmm@macfar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashleigh Young at 727-441-8966
(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 & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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



July 26, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

THE CONGREGATION OF THE SISTERS OF ST. CLARE (EASTERN US
625 COURT STREET
SECOND FLOOR
CLEARWATER, FL 33756

SUBJECT: THE CONGREGATION OF THE SISTERS OF ST. CLARE (EASTERN US REGION),
INC.
REF: N99000005425

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

The fee to file your document is \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H17000190134
Letter Number: 217A00015066

17 JUL 27 AM 11:08

P.O BOX 6327 - Tallahassee, Florida 32314

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2017 JUL 27 AM 10:38

Articles of Amendment
to
Articles of Incorporation
of

The Congregation of the Sisters of St. Clare (Eastern US Region), Inc.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

N99000005425

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *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)

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: _____

(Florida street address)

New Registered Office Address:

_____, Florida
(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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Sr. Lucia Brady</u>	<u>14380 Apache Ave.</u> <u>Largo, FL 33774</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Sr. Therese Carolan</u>	<u>3848 Tarian Court</u> <u>Palm Harbor, FL 34684</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Sr. Phyllis Shaughnessy</u>	<u>514 Old Village Way</u> <u>Forest Lakes</u> <u>Oldsmar, FL 34677</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Christa Rowe</u>	<u>14380 Apache Ave</u> <u>Largo, FL 33774</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Patricia Synnott</u>	<u>3848 Tarian Court</u> <u>Palm Harbor, FL 34684</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: 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)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- 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 7/20/17 _____

Signature J. Matthew Marquardt
(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)

J. Matthew Marquardt

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)