

N990070633

Florida Department of State
Division of Corporations
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To:
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*Amie N
Nance*

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FEB 20 21

ALBRIT

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ST. VINCENT DE PAUL COMMUNITY HEALTH
CARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00



February 19, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ST. VINCENT DE PAUL COMMUNITY HEALTH CARE, INC.
P.O. BOX 381193
MURDOCK, FL 33938

SUBJECT: ST. VINCENT DE PAUL COMMUNITY HEALTH CARE, INC.
REF: N99000006336

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

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Irene Albritton
Regulatory Specialist II

FAX Aud. #: H19000054571
Letter Number: 119A00003501

RECEIVED
2019 FEB 19 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FL

Typed Documents attached
Mary J Stewart CPA

2019 FEB 19 AM 9:15
FILED
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO

Articles of Amendment
to
Articles of Incorporation
of

ST VINCENT DE PAUL COMMUNITY HEALTH CARE INC

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

N9900 00 06 336

(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:

VIRGINIA B ANDES VOLUNTEER COMMUNITY CLINIC INC

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**)

21297 B OLEAN BLVD

PORT CHARLOTTE, FL 33952

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

PO BOX 494190

PORT CHARLOTTE, FL 33949

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:

BILL HAWLEY

21297 B OLEAN BLVD

(Florida street address)

New Registered Office Address:

PORT CHARLOTTE

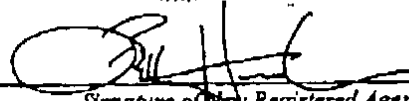
(City)

Florida 33952

(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)

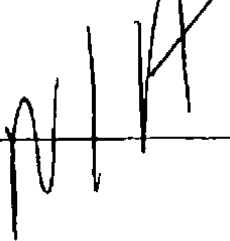
Please note the officer/director title by the first letter of the office title:

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ 	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

n/a

The date of each amendment(s) adoption: 11/09/18 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 11/13/18

Signature [Handwritten Signature]
(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)

BILL HAWLEY
(Typed or printed name of person signing)

BOARD PRESIDENT VIRGINIA B. ANDES
(Title of person signing)
VOLUNTEER COMMUNITY CLINIC, INC.