P06000134393

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ME OF CORPORATION: St Mary's Angels Investment Incorporated		
DOCUMENT NUMBER: P06000134393			
The enclosed Articles of A	mendment and fee a	are submitted for filing.	
Please return all correspon	dence concerning th	is matter to the following:	
		Nilliam L., Shaeffer Name of Contact Person	
·		Firm/ Company	
	1	27 Nandina Circle Address	
		nte Vedra, FL 32082 City/ State and Zip Code	
———Е	wmlshae -mail address: (to be use	effer@comcast.net ed for future annual report notification)	
For further information con	ncerning this matter,	please call:	
William L. Name of Contac	Shaeffer ct Person	at (904) 6	6511977 lephone Number
Enclosed is a check for the	following amount n	nade payable to the Florida Depar	tment of State:
	3.75 Filing Fee & ertificate 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 Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ.	le

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

of

	of	Arms I il Trans
St Mary's Angels	Investment Incorpo	prated
(Name of Corporation as curr	rently filed with the Florid	
Poe	6000134393	SECRE DARK CO
(Document Nu	mber of Corporation (if kno	WN) SECNE MAR I OF STATE WN)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporation adopts the followin
A. <u>If amending name, enter the new name o</u>	of the corporation:	
name must be distinguishable and contain		The new
abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr		
B. Enter new principal office address, if ap		
(Principal office address <u>MUST BE A STRE)</u>	EI ADDKESS)	
		
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable	<u>e:</u>	
(Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or	registered office address is	n Florida enter the name of the
new registered agent and/or the new reg		a Fromua, enter the name of the
Name of New Projectors of Asserts		
Name of New Registered Agent:		
Now Bosistana d Office Address		J1
New Registered Office Address:	(Florida street a	aaress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang		
hereby accept the appointment as registered	agent. I am familiar with a	nd 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)

<u>Title</u>	<u>Name</u>	Address_	Type of Action
P	Willette Shaeffer	127 Nandina Circle Ponte Vedra, FL 32082	Add Remove
			Add Remove
	ing or adding additional Articles, ente ditional sheets, if necessary). (Be spec		
provisio	endment provides for an exchange, re ns for implementing the amendment i		
(if no	t applicable, indicate N/A)		

The date of each amendment(s	s) adoption:
	(date of adoption is required)
Effective date <u>if applicable</u> :	
, ((no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	>>
(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated	09/03/2010 U/Stare
Signature	W. Staff
select	director, president or other officer — if directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	WILLIAM L. SHAEFFER.
	(Typed or printed name of person signing)
	VP ·
	(Title of person signing)