N05000012028

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TALLAHASSEE, FLORIDA

N.C.

C.COULLIETTE

SEP 10 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: National HBCU Scholarship Foundation

DOCUMENT NUMBER: N05000012028

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

Please return all correspondence concerning this matter to the following:

Dr. Florence Alexander
(Name of Contact Person)

National HBCU Scholarship Foundation
(Firm/ Company)

812 Sweetwater Club Blvd
(Address)

Longwood, FL 32799
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Dr. Florence Alexander at (407) 682-6744
(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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2010

DR FLORENCE ALEXANDER
NATIONAL HBCU SCHOLARSHIP FOUNDATION,INC
812 SWEETWATER CLUB BLVD
LONGWOOD, FL 32799

SUBJECT: NATIONAL HBCU SCHOLARSHIP FOUNDATION, INC.
Ref. Number: N05000012028

We have received your document for NATIONAL HBCU SCHOLARSHIP FOUNDATION, INC. and check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is N04000000964 / THE ANGEL FOUNDATION, INC..

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 610A00019275

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: National HBCU Scholarship Foundation, Inc.

DOCUMENT NUMBER: N05000012028

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(Firm/ Company)

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(Address)

Longwood FL 32779
(City/ State and Zip Code)

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

RECEIVED
2010 SEP 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

National HBCU Scholarship Foundation, Inc
(**Name of Corporation as currently filed with the Florida Dept of State**)

N05000012028
(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:

Empowerment Foundation, 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)

812 Sweetwater Club Blvd
Longwood, FL 32779

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

812 Sweetwater Club Blvd
Longwood, FL 32779

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: _____

New Registered Office Address: _____ *(Florida street address)*

_____, Florida _____
(City) *(Zip Code)*

FILED
10 SEP 10 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

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

The date of each amendment(s) adoption: 7-28-2010
(date of adoption is required)

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

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 9-7-2010

Signature Dr. Florence Alexander
(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)

Dr. Florence Alexander
(Typed or printed name of person signing)

President.
(Title of person signing)