P12000018588

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: <u>Fundio</u> BER: P(2000	g Advance & 18588	NOW
,	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
,	Tay	Name of Contact Perso	n
•:		Firm/ Company	
	433 Plana	Real Stut	1 775
	Boxa Ruti	Address	33432
		City/ State and Zip Cod	e
	Flori do Cadya E-mail address: (to be us	Memfot 6	mail. Composition
For further information	n concerning this matter, pleas	se call:	
Taylo	r Horton	at (201	927-1719
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address endment Section		Address Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



February 11, 2016

TAYLOR HORTON 433 PLAZA REAL STE. 275 BOCA RATON, FL 33432

SUBJECT: FUNDINGADVANCENOW, INC.

Ref. Number: P12000018588

We have received your document for FUNDINGADVANCENOW, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

The document number of the name conflict is N13000009652 - THE ADVANCEMENT OF EDUCATION IN SCHOLARS CORPORATION.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 316A00002964

Articles of Amendment to Articles of Incorporation of

Funding Advance Naw				
		filed with the Florida C	ept. of State)	
<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(Do	cument Number of	Corporation (if known)		
ursuant to the provisions of section 607,1006, Flo 3 Articles of Incorporation:	orida Statutes, this F	Torida Profit Corporatio	n adopts the follow	ing amendment(s)
If amending name, enter the new name of th	e corporation:			
ne Advancement of Educat	ion in Schi	clars Services	Compa(attic)	↑ The new
me must be distinguishable and contain the Corp.," "Inc.," or CO.," or the designation "C ord "chartered," "professional Association," or	orp," "Inc," or "C	o". A professional corp	orporated" or the poration name mu	abbreviation st contain the
Enter new principal office address, if applications of the principal office address MUST BE A STREET A		N/A		

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	NIA	<u> </u>	. I .
-			Ę.	

			······································	1000 - 1200 - 1
if amending the registered agent and/or registered agent and/or the new register		ss in Florida, enter the i	name of the	1.20 V3
Name of New Registered Agent	NIA			- '92 C
Name of New Aegistered Agent	——————————————————————————————————————			
- Anna Andrewson (Anna Anna Anna Anna Anna Anna Anna An	(Florida stree	et address)	······································	******
New Registered Office Address.	•		. Florida	
Well Helpsiered Office Address.	(1	City)		p Code)
w Registered Agent's Signature, if changing	Registered Agent:		. , .	,
ereby accept the appointment as registered age	nt. I am familiar wi	ith and accept the obligat	ions of the position	7.
	And the second second			
	NIA			
	ignature of New Re	gistered Agent, if changir	ng	riseasus.

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		$\underline{N/A}$	
Add			
Remove			
2) Change	<u> </u>	N/A	
Add			
Remove 3) Change	***************************************	N/A	
Add		/	
Remove			
4) Change		N/A	
Add Remove			
5) Change		N/A-	
Add		/	
Remove			
6) Change		N/A	
Add			
Damous			

Page 2 of 4

	MA	Articles, enter change(s) ary). (Be specific)			
				go, V-Mill - marken geril - de demoné em acomendo a matéria e e marten	
·					
			,		
				•	
	ment provides for an	exchange, reclassification	n, or cancellation of issued	shares,	
If an amend	HIGHE PACTAGOR IOF OIL	amendment if not contain	ned in the amendment itse	lf:	
If an amend provisions (if not a	for implementing the applicable, indicate N/	(A)	•		
If an amend provisions (If not a	for implementing the applicable, indicate NA	A) / (A)			
If an amend provisions (if not a	for implementing the applicable, indicate N/	A) //			
If an amend provisions (If not a	for implementing the applicable, indicate N/	A) // ()			
If an amend provisions (if not a	for implementing the applicable, indicate No.	A) //X			
If an amend provisions (if not a	applicable, indicate N/	A) //X			
(if not a	applicable, indicate N/	A) / / / / / / / / / / / / / / / / / / /			
	applicable, indicate N/	A) / / / / / / / / / / / / / / / / / / /			

The date of each ame date this document was		other than the
Effective date if appli	icable:	
	(no more than 90 days after amendment file date)	
	erted in this block does not meet the applicable statutory filing requirements, this date will not be late on the Department of State's records.	e listed as the
Adoption of Amendm	nent(s) (<u>CHECK ONE</u>)	•
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) s was/were sufficient for approval.	
must be separately	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):	
	of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
☐ The amendment(s) action was not requ	was/were adopted by the board of directors without shareholder action and shareholder ired.	
The amendment(s) action was not requ	was/were adopted by the incorporators without shareholder action and shareholder ired.	:
Date	ed 2/12/2016 Hature Aciyley Atmitted	
Sign	nature Schuler Atricultur	
•	(By a director, president or other officer – if directors or officers have not been	
	selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
•	Taylor Heritan	
	(Typed or printed name of person signing)	
Aller Artis North	Speretary	
1,4 , 5	(Title of person signing)	