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(Addre	ess)	
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(City/S	State/Zip/Phone	; #)
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SECRETARY OF STATE OF STATE OF CORPORATION OF CORPORATION 13 MAY -7 PM 2: 29

Amend

MAY 1 0 2013

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Internation	al Women's Fishing Association Scholarship Trust
DOTOOOC	0016
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to	he following:
JOAN M. VERNOR	}
(Nar	ne of Contact Person)
ILUFA Scholarship	Trust
	(Firm/Company)
205 East Soid D	R.
	(Address)
Key BISCAYNE,	FL 33149
Pezvelajv @ c	20(, COM
	uture annual report nonneason)
For further information concerning this matter, please call:	
JOAN VERNON	at (305) 361-9258
(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:
(A	3.75 Filing Fee & Certified Copy dditional copy is nclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

INTERNATIONALWOI	and the	According Cabala	ma Inist
T WICKNATIONAL WOI	WEINZLIZUL	14 UZATORION STOR	17 M/h/1 02
0000000	11-		
(Document Number	of Corporation (if know	vn)	_
	,		
Pursuant to the provisions of section $\omega \partial q$, Floramendment(s)	ida Statutes, this U	claration of Trust adopts th	re following
A. If amending name, enter the new name of the	corporation:		NISE
			3 BERE
	-		一艺品
			7 55
B. Enter new principal office address, if applica			7 PH 2: 29
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		الله الله
			- 29
			
C. Enter new mailing address, if applicable:		,	
(Mailing address MAY BE A POST OFFICE I			_
	Post C	office Box 46038	}
	Ft. La	uderdale, FL 333	46-0387
D. If amending the registered agent and/or regis	tonod office oddsom is	Florida antontho name of the	
new registered agent and/or the new register		r riorida, enter the name of the	
Name of New Registered Agent:			
turno of tve maleganerous rigora.			
	(Florida street o	address)	
New Registered Office Address:	•	,	
		, Florida	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing F	Registered Agent:		
I hereby accept the appointment as registered agen.	t. I am familiar with ai	nd accept the obligations of the position	L
Signature of .	New Registered Agent,	if changing	

Page 1 of 4

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.

Remove	Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> te Jones y <u>Smith</u>	
AddX_Remove 2)Change		<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Remove 2) Change	1) Change	1	LARA KRANER	
Add	AddRemove			
X Remove 3) Change S Shirley H. FLANAGAN Add		<u>T</u>	DORIS K BEINECKE	
XRemove 4) _ Change P SuziE Villere 83 Tranquility DR. X Add	Remove 3) Change	S	Shirley H. FLANAGAN	
Remove 5)Change VP Diane Locke 7105 N. Ridge DR X Add Ralcigh, NC 77615 Remove	Remove 4) Change	<u>P_</u>	Suzie Villere	83 Tranguility DR. Mandeville 1 A FO471
	Remove Change	NB	~ r	7105 N. Ridge DR Ralcigh NC 77615
	σ) Change Add	<u>S</u>	Connie O'Day	6213 Dublin Lane Pearland, Tx 77581

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Example: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>T</u>	JOAN M. VERNON	205 East Shid DR 12, Biscoyne, 71 33149
2) Change Add Remove			
3) Change			
Remove 4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove			