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And MAR 16 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	wledge Scholart	nsip Foundation
DOCUMENT NUMBER: NO100003	29	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Daryl Hulce		
	(Name of Contact Persor	n)
Common Knowledge Scl	holarship F	oundation
	(Firm/ Company)	
PO Box 290361		
	(Address)	
Davie, FL 33329		
	(City/ State and Zip Code	e)
Daryl.hulce@cksf	.org	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please of	call:	
Daryl Hulce	_{at (} 954	262-8553 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	ertment of State:
\$35 Filing Fee \$\times \text{S43.75 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment

to
Articles of Incorporation

PHL TED 15 MAR 16 PH 3:35

(Name of Corporation as current	Wecles	Schole Orida Dept. of State	Aginteri	crimidation, Inc
(Doc	ument Number of Co	orporation (if known)	
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate		es, this <i>Florida Not I</i>	For Profit Corporatio	n adopts the following
A. If amending name, enter the new na	ame of the corporat	ion:		
			<u> </u>	The new
name must be distinguishable and contain "Company" or "Co." may not be used in	n the word "corpora the name	tion" or "incorpora	ted" or the abbreviati	on "Corp." or "Inc."
B. Enter new principal office address,	if applicable:		_	
(Principal office address <u>MUST BE A S</u>)		
			· 	
			··	
C. Enter new mailing address, if appli	icable:			
(Mailing address MAY BE A POST				
				
				
D. If amending the registered agent an	nd/or registered offi	ice address in Floric	la enter the name of	f the
new registered agent and/or the new			ia, cuter the name of	- UNC
N. CM. D. C. LA.				
Name of New Registered Agent:				
New Registered Office Address	r.	(Florida street address)		
	Cinu		, Florida	
	(City)	!		(Zip Code)
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	tered agent. I am fa	imiliar with and acce	pt the obligations of	the position.
<u> </u>				
	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: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change X Add	<u>D</u>	Alexander Duarte	1043 SE 6th Ave Dania, FL 33004
Remove 2) Change	D	Robert Olinick	19477 S. Coquina Way Weston, FL 33332
Remove 3) Change Add			
Remove 4) Change Add			
Remove Change Add			
Remove 6) Change Add Remove			

f amending or adding additional Art utach additional sheets, if necessary).	(Be specific)	
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	···	-
 		
	···	 ·
		 ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 March 6, 2015	
Signature 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)	
Daryl Hulce	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	