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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Miss Florida Schola NAME OF CORPORATION:	arship Pageant, Inc		
N02000004473 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm			
Please return all correspondence concerning this matte	r to the following:		
Jerrell Keith Williams			
	(Name of Contact Person)		
Miss Florida Scholarship Pageant, Inc.			
	(Firm/ Company)	_	
P O Box 92865			
	(Address)		
Lakeland, FL 33804			
	(City/ State and Zip Code)		·
jkeithwilliams.2010@gmail.com			
E-mail address: (to be used	for future annual report no	tification	
For further information concerning this matter, please	call:		
Jerrell Keith Williams			516-1593
(Name of Contact Person		Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depart	ment of S	tate:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address	Street A	ddress ient Sectio	200
Amendment Section Division of Corporations		of Corpo	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

2019 ST2 17 AH 10: 36

Miss Florida Scholarship Pageant, Inc (Name of Corporation as currently filed with the Florida Dept. of State) N02000004473 (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: Miss Florida Scholarship Program, Inc. 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A N/A 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	. 1974	
	N/A	
		lorida street address)
New Registered Office Addres		
	N/A	, Florida
	(City)	(Zip Code)

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 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer. 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. T. 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 Ci Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>V</u> <u>Mil</u>	in <u>Doe</u> ke Jones ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		N/A	N/A	_
Add			N/A	_
Remove			N/A	_
2) Change		N/A	N/A	
Add			N/A	_
Add			N/A	_
		N/A	N/A	_
3) Change			N/A	-
Add			N/A	_
Remove				-
4) Change		N/A	N/A	_
Add			N/A	
Remove			N/A	
5) Change		N/A	N/A	
-			N/A	
Add				
Remove				
6) Change		N/A	N/A	
Add			N/A 	
Remove			N/A	

E. If amending or adding additional Arti	cles, enter change(s) here:		
(attach additional sheets, if necessary).	(Be specific)		
N/A		_	
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	September 10, 2019
	date of each amendment(s) adoption:, if other this document was signed.
ffe	ctive date if applicable:
	(no more than 90 days after amendment file date)
Nøt loci	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as iment's effective date on the Department of State's records.
۸do	ption of Amendment(s) (<u>CHECK ONE</u>)
	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.
	September 10, 2019 Dated
	Signature . Keif William
	(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)
	Jerrell Keith Williams
	(Typed or printed name of person signing)
	Chairman of the Board
	(Title of person signing)