## N07000003414

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## COVER LETTER

JO: Amendment Section Division of Corporations The Enodonick His Scholarship Find, Inc.

NAME OF CORPORATION: THE FRENCHICK 1415 3CHOLGESTALE CORD
DOCUMENT NUMBER: NO700003414
The enclosed Articles of Amendment and fee are submitted for filing
Please return all correspondence concerning this matter to the following
Gerard Conforti
(Name of Contact Person)
(Firm/ Company)
9250 Alternate ALA Ste J
(Address)
North Palm Beach Fl. 33403 (City/ State and Zip Code)
Gerand a conforti and associates. con
For further information concerning this matter, please call
Gerard Conforti "561. 762.5420
(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
S33 Filing Fee S43 75 Filing Fee & S43 75 Filing Fee & S52 50 Filing Fee  Certificate of Status  (Additional conv. is Certified Conv.

enclosed)

(Additional Copy is Enclosed)

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

StreeLAddress
Amendment Section
Division of Corporations
Clifton Building
2001 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ot
The Frederick His Scholarhip Fund, INC.
(Name of Corporation as currently filed with the Floriba Dept. of State)
<u> </u>
(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. Il amending name, enter the new name of the corporation: The Joseph Arrigo Employee Scholarship Food , Inc.
The Transfer Scholarship Tobas Lives
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp" or "Inc."
name must be usuaguousse and comun interword corporation or incorporated or interpretation Corp. or inc. "Company" or "Co." must not be used in the name
STOPPAC V. Co. Machinette Patrimette
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS )
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BON)
Committee of the Commit
D. If anxending the registered agent and/or registered office address in Florida, enter the name of the
pew regintered arent and/or the new registered affice address:
Same of New Registered Assent
CHAIN OLAN - AND SALEMAN AND AND AND AND AND AND AND AND AND A
thorstoner shire u
CTTTY FEET 12 N. VATUE 1 Trievel 1 TT
Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent;
thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position
Company of the Bountary Livery of America

Page 1 of 4

18 NON PAIR SON

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 (Micer and/or Director being added;

Attach additional sheets, if necessary)
Please note the officer director tale by the first letter of the office tale;
P = Prosident; V = Vice President; F = 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 tale, 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	ei V Sy	John Dos Mike Jones Sally Smith	
Type of Action Check One)	Title	Sano	Address
)Change			
Add			
Remove			
2) Change			
Add			
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i) Change			
Add			
Remove			

Page 2 of 4

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) a date this document was signed	do ption: 10/22	<u>। ए</u> प	, if other than the
Effective date if applicable:	(no more than 90 days aft	er amendment file (late)	
Note: If the date inserted in this blo document's effective date on the De		statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a was/were sufficient for approv		umber of votes cast for the amend	ment(s)
There are no members or mem adopted by the board of direct		iment(s). The amendment(s) was	<sup>i</sup> were
Dated LO	20/19		
Signature	The lead	<b>&gt;</b> /	
		nd/president or other officer-if dir if in the hands of a receiver, trust	
	appointed fiduciary by that fiduci		2.0
	Gerara C	'artert'	
	(Typed or printed	name of person signing)	
	Prosident		
	(Title	of person signing)	

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