

**N07000004484**

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TALLAHASSEE, FLORIDA

*Name Change*

*03-10-09*

*Dc*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2009

LEVERNE C. FRANKLIN  
7005 KIWI PLACE  
NAPLES, FL 34113

SUBJECT: SHARON P. FRANKLIN AND LAVERNE C. FRANKLIN  
COMMUNITY SERVICE SCHOLARSHIP, INC.  
Ref. Number: N07000004484

We have received your document for SHARON P. FRANKLIN AND LAVERNE C. FRANKLIN COMMUNITY SERVICE SCHOLARSHIP, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The date of adoption of each amendment must be included in the document.

THE OLD NAME SHOULD NOT BE LISTED IN SECTION A OF THE DOCUMENT.

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 209A00006031

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SHARON P. FRANKLIN + LAVERNE C. FRANKLIN  
Community SERVICE Scholarship, INC.

**DOCUMENT NUMBER:** NO7000004484

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAVERNE C. FRANKLIN  
(Name of Contact Person)

SHARON FRANKLIN + LAVERNE FRANKLIN  
Community SERVICE Scholarship, INC.  
(Firm/ Company)

7005 Kiwi PLACE  
(Address)

NAPLES, FL 34113  
(City/ State and Zip Code)

RECEIVED  
2009 FEB 16 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LAVERNE C. FRANKLIN at (239) 352-2868  
(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:

- \$35 Filing Fee
- \$43.75 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

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

Articles of Amendment  
to  
Articles of Incorporation  
of

SHARON P. FRANKLIN and LAVERNE C. FRANKLIN  
COMMUNITY SERVICE SCHOLARSHIP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

140700004484

(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:**

Sharon P. Franklin, LaVerne C. Franklin and  
Lorenda Fambro Gordon

The new name must be \_\_\_\_\_  
Community Service Scholarships, Inc. \_\_\_\_\_  
tion" or "incorporated" or the  
abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

NA

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

NA

**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:

NA

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, 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.

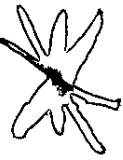
NA

Signature of New Registered Agent, if changing

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09 MAR -9 PM 12:40

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA



**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>NA</u>	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

NA

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The date of each amendment(s) adoption: ~~1-27-09~~ 2-27-09

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 2-27-09

Signature Laverne C. Franklin  
(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)

L A V E R N E C . F R A N K L I N  
(Typed or printed name of person signing)

D I R E C T O R  
(Title of person signing)