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PICK-UP	MAIT	MAIL
(Bı	usiness Entity Name)	
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(DC	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Amend

SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

	•
NAME OF CORPORATION: <u>U.S.</u>	Veterans Educational Fund, INC.
DOCUMENT NUMBER: NO 800	0011598
The enclosed Articles of Amendment and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
RICK BE	arme of Contact Person)
U.S. Veterans	FOUCATIONAL FUND, INC. (Firm/Company)
6201 APPON	Attox DR. (Address)
Holiday, FL	ty/ State and Zip Code)
For further information concerning this mat	ter, please call:
Rick BERTRAM (Name of Contact Person)	at (727) 457-4359 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
\$35 Filing Fee \$\(\sum_{\text{Status}}\)\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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



U.S. VeterANS Ed		FUND, I	
(Name of Corporation as current	ly filed with the Flor	ida Dept. of State	Ð
<u>NO80000113</u>	598		
(Document Number	er of Corporation (if ki	nown)	
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Inco		orida Not For Pro	fit Corporation adopts
A. If amending name, enter the new name of the	ne corporation:		
The new name must be distinguishable and cont abbreviation "Corp." or "Inc." "Company" or "			porated" or the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)		,	
•			
		<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		
•			
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		in Florida, enter	the name of the
,			
Name of New Registered Agent:			
New Registered Office Address:	(Florida stree	t address)	•
,			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered a position.	gent. I am familiar	with and accept	the obligations of the
Cin	nature of New Register	red Agent if chan	aina
Sign.	idiale of New Negister	ca rigera, y chang	5***8

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>	Address	Type of Action
V.P.	Bert Price	228 MARINER DR. TARPON SPRINGS 7L. 34689	_ □ Add ■ Remove
<u>V. P.</u>	Charles R. Price	228 MARINER DR TARPON SPRINGS FL. 34689	
			□ Add
			-
	ding or adding additional Articles, ente		
(anach c	idattional sneets, tj necessary). (Be spec	cific)	
		•	······································
 			
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The date of each amendment(s) adoption: Feb, 4, 2009			
Effective date <u>if applicable</u> :	Feb. 4, 2009 (no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.		
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.		
ha	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary) Ricky D. Bertram (Pres) (Typed or printed name of person signing) President (Title of person signing)		

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