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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: \$ for Scholars Foundation, Inc.

N12000003558

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

Please return all correspondence concerning this matter to the following:

Sydney Ferreira

(Name of Contact Person)

(Firm/ Company)

423 East Blvd South

(Address)

Macclenny, FL 32063

(City/ State and Zip Code)

## dollarsforscholars@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sydney Ferreira

(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

Certificate of Status

■ \$35 Filing Fee ■\$43.75 Filing Fee & □\$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

\$ for Scholars Foundation, Inc.	. Fl. 74. D. 4 .6	C4-4-1	<u> </u>
(Name of Corporation as currently filed with th N1200003558	e riorida Dept. oi	<u>State</u> )	
(Document Number of Co	rmoration (if know	n)	<del></del>
(Document Number of Co	orporation (if know	11)	
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida</i>	Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corp	oration:		
Dollars for Scholars Foundation, Ir	nc.		The nev
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "inco	rporated" or the abbreviatio	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )		38 3
			- <u>-                                  </u>
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			<u> </u>
			<del></del>
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ol>		Florida, enter the name of t	<u>he</u>
new registered agent and/or the new registered of	nce aduress.		
Name of New Registered Agent:			
New Bosistand Office Address	(Florida street ad	ldress)	
New Registered Office Address:			
		, Florida	
	City)	(Zip Code)	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a		d accept the obligations of th	e position.
Signature of New I	Registered Agent, if	changing	

Page 1 of 4

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove		<u> </u>	· · · · · · · · · · · · · · · · · · ·
3 ) Change Add Remove	<del></del>	<u>-</u>	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		_	

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
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-	

Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amondment file data)	
(no more than 90 days after amenament 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 4-10-12	
Signature Sydney Ferreira	
(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)	
Sydney Ferreira (Typed or printed name of person signing)	
(Typed of printed name of person signing)	