N12000006218

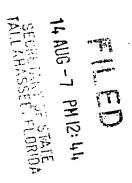
(Requestor's	Name)
(Address)	
,	
(Address)	
(City/State/Zi	n/Phono th
(City/State/Zi	prenone #j
PICK-UP W	AIT MAIL
(Pusisses Fr	hihu blama)
(Business En	nity Name)
(Document N	umbor
(Document N	umber)
Certified Copies Cer	tificates of Status
Special Instructions to Filing Offi	cer:

Office Use Only



300262838843

08/07/14--01011--010 **35.00



(IM. 8-18-14.

COVER LETTER

TO: Amendment Section Division of Corporations

Roy Lee Harris Scholarship Foundation, Inc. N12000006218 The enclosed Articles of Amendment and fee are submitted for filing.

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Trinard Green	at (Sol
(Name of Contact Person)		(Area

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

■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

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

Enclosed)

Articles of Amendment to Articles of Incorporation of

Roy Lee Harris Scholarship Foundat		·
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N12000006218		
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corporati	ion:	
Roy Lee Harris Foundation, Inc.		The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the abbreviation	on "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)	75.5 F
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P O Box 1154	7 PH 12: 44 SSEE FI PRIO
	Boynton Beach, Florida	TO RO
	33425	PRIOR
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		the _
Name of New Registered Agent:	***************************************	
New Registered Office Address:	(Florida street address)	
	Florida	-
(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ne position.
Sjonature 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, 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.

Mike Jones, V as Remo Example: X Change X Remove	<u>PT</u> <u>Joh</u> <u>V</u> <u>Mik</u>	nith, SV as an Add. n Doe se Jones		6-7 PM 12: 44 HASSET FLORID
X Add	SV Sal	ty Smith		[68] 2:1
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	08:05 08:05
1) Change		NIA		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add			~	
Remove				
5) Change			 	·
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	AL
A	
	644 m
	·
	
· · · · · · · · · · · · · · · · · · ·	

	Tate of each amendment this document was signed		, if other than the
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	-
		(no more than 20 days after amenament file date)	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	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 o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	•
	Dated 7/2	₆ /2 ₀ 14 _Λ	
	$\overline{}$		
	Signature	chairman or vice chairman of the board, president or other officer-if directors	#
		ot been selected, by an incorporator – if in the hands of a receiver, trustee, or	5 1
	other o	court appointed fiduciary by that fiduciary)	1 Succession
	Trinard	Green	
		(Typed or printed name of person signing)	No Co
	Preside	ent Same	PM 12: 4-5
		(Title of person signing)	n 01