N13000003933

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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

Scholar Career C	oaching Inc		
N13000003933		_	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
Lynne Gassant			
	(Name of Contact I	erson)	
Scholar Career Coaching Inc			
	(Firm/ Compar	ıy)	
P O Box 7733			
	(Address)	- "	
Delray Beh, FL 33482			
	(City/ State and Zip	Code)	
lgassant@scholarce.com			
E-mail address: (to be u	ised for future annual re	port notification	1)
For further information concerning this matter, ple	ase call:		
Lynne Gassant	a	561 t	972.8210
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a cheek for the following amount made	e payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		Certifi is Certifi	O Filing Fee cate of Status led Copy tional Copy is used)
Mailing Address Amendment Section		treet Address mendment Secti	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Scholar Career Coaching Inc

(Name of Corporation as currently filed with the Florid	da Dept. of State)		
N13000003933			
(Document Nu	umber of Corporation (if	known)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not</i>	For Profit Corporation adopts the	he following
A. If amending name, enter the new name of the corpo	<u>oration:</u>		
			The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpora	ted" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>		
		·	
- n		<u> </u>	202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
			- - 1
			= '
 If amending the registered agent and/or registered of new registered agent and/or the new registered office. 		la, enter the name of the	 `
new registered agent and/or the new registered office	ce audress:		61
Name of New Registered Agent:			
		(Florida street address)	
New Registered Office Address:			
		, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an		pt the obligations of the position	ı.
	Signature of New Reg	istered 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.

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	PT John De V Mike John SV SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add		Dr Eddie Ruiz	
x Remove		Dr Eddie Diaz	
2) Change Add			
Remove 3) Change Add Remove			
4)ChangeAdd			
Remove			
5) Change Add			·
Remove			
6) Change Add		· · · · · · · · · · · · · · · · · · ·	
Remove		Page 2 of 4	
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
Dr Eddie Ruiz, VP was ei	ntered as Dr. Eddi-	e Diaz- this is to correct his last name only; no	other changes, additions or remova-
Just the name correction.			

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			Page 3 of 4			
771						
The date of each amendment date this document was signed	(s) adoptic	on:			, i	f other than the
Effective date if applicable:	1/29/20					
		(no more than 90 do	tys after amendmen	t file date)		
Note: If the date inserted in the document's effective date on the	is block do he Departm	es not meet the appli ent of State's record	icable statutory filin s.	g requirements, this	date will not be	listed as the
Adoption of Amendment(s)		(CHECK ONE)				
The amendment(s) was/w was/were sufficient for ap	ere adopteo proval.	d by the members and	d the number of vot	es east for the ameno	lment(s)	

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 1/29/20
Signature Le Cour
(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)
Lynne Gassant
(Typed or printed name of person signing)
President/ Director
(Title of person signing)

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