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R. WHITE JAN 1 8 2018

COVER LETTER

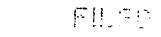
TO: Amendment Section Division of Corporations

. 4

NAME OF CORPO	RATION: USSC Scholarship	Fund, Inc.				
DOCUMENT NUM	N13000004483					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Malcolm S. Wade Jr.					
	Name of Contact Person					
	USSC Scholarship Fund, Inc.					
		Firm/ Company	,			
	111 Ponce de Leon					
		Address				
	Clewiston, FL 33440					
		City/ State and Zip	Code			
mwa	de@ussugar.com					
	E-mail address: (to be us	sed for future annual re	port notification)			
For further informatio	n concerning this matter, pleas	se çall:				
Malcolm S. Wade, Jr		863 at (902-2461 a Code & Daytime Telephone Number			
Name	of Contact Person	Area	Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida I	Department of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status			
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 18 148 15



	Articles of Incorporation of	18 JAN 16 PH 12: 44
USSC Scholarship Fund, Inc.		
(Name of Cor	poration as currently filed with the	Florida Dept. of State)
N13000004483		
	(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit C	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	f the corporation:	
		rot.
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profess	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or registered agent and/or the new registered Agent Name of New Registered Agent		enter the name of the
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as		he obligations of the position.
	Signature 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.

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: \underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Dave Melton	111 Ponce de Leon Avenue
Add Remove			Clewiston, FL 33440
2) Change	VP	Philip Waddell	111 Ponce de Leon Avenue
X Add			Clewiston, FL 33440
Remove			
3) Change			
Add			
Remove			
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)
<u></u>	
-	
<u> </u>	
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(ficient for approval.	s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder	
1/8/. Dated	2018	•
Signature	Mholan SWelf	
(By a di selected	rector, president or other officer (if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	MALCOM S. WAOF JL (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	 _
	SECRETANY'	
•	(Title of person signing)	