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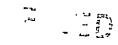
TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: REGENCY OAKS Scholarship FUND, INC. | |
|---|--|
| · | |
| DOCUMENT NUMBER: N/6000000272 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| DEBRA WEISCHADLE (Name of Contact Person) | |
| (Name of Contact Person) | |
| REGENCY DAKS SchoLARShip FUND, INC. | |
| (Firm/Company) | |
| 2701 REGENCY OAKS BLVD. APT. P112 | |
| (Address) | |
| CLEARWATER, FL 33759 (City/ State and Zip Code) | |
| (City/ State and Zip Code) | |
| WEISCHADLED & GMAIL. COM E-mail address: (to be used for future annual report notification) | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| DEBRA WEISCHADLE at (727) 543-8455 (Name of Contact Person) (Area Code) (Daytime Telephone Number) | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee | |
| Certificate of Status Certified Copy Certificate of Status | |
| (Additional copy is Certified Copy enclosed) (Additional Copy is | |
| Enclosed) | |
| Mailing Address Street Address | |
| Amendment Section Amendment Section | |

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation



REGENCY OAKS SCHOLARShip FUND, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

2023 JAN 13 AH 8: 39

N16000000272

(Document Number of Corporation (if known)

| Pursuant to the provisions of section 617,1006, Floric amendment(s) to its Articles of Incorporation: | da Statutes, this <i>Florida No</i> | of For Profit Corporation adopts the following |
|---|-------------------------------------|--|
| A. If amending name, enter the new name of the o | corporation: | |
| | | The new |
| name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name. | 'corporation" or "incorpor | |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>OX</u>) | |
| | | |
| | | |
| D. If amending the registered agent and/or registe | | ida, enter the name of the |
| new registered agent and/or the new registered | | |
| Name of New Registered Agent: | LINDSAY | WEAVER |
| | | |
| New Registered Office Address: | | (Florida street address) |
| | | Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Re | aistered Agent | |
| I hereby accept the appointment as registered agent. | | cept the obligations of the position. |
| | HUROL | WX |
| | Signature of New Re | egistered 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 Do V Mike Jo SV Sally Sr | <u>ones</u> | |
|--|--|---|-----------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add | | | |
| Remove | | - | |
| 2) Change Add | | | |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| F. If amending or addin (attach additional shee | g additional Artis, if necessary). | icles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adoption date this document was signed. | on: | - | <u> </u> | | | | _, if other than the |
| Effective date <u>if applicable</u> : | | | | | _ | | |
| | (no more th | ıan 90 daş | rs after ame | ndment file d | ate) | | |

 $\underline{\textbf{Note:}}$ If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 0/-1/-2023 |
| | Dated $O = 100$ |
| | (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) |
| | DEBRA A. WEISCHADLE |
| | (Typed or printed name of person signing) |
| | TREASURER |
| | (Title of person signing) |