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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	The U S Constitution S	Scholarship Foundat	ion, Inc	
DOCUMENT NUMBER: _	V16000008854			
The enclosed Articles of Ame	ndment and fee are submi	tted for filing.		
Please return all corresponden	ice concerning this matter	to the following:		
Hugh A Latimer				
	(1	Name of Contact Per	rson)	
HAL, Inc				
		(Firm/ Company))	
3438 Sea Marsh Road				
	-	(Address)		
Amelia Island, FL, 32034				
	((City/ State and Zip C	Code)	
hal@halinc.net				
E-	mail address: (to be used f	or future annual repo	ort notification	
For further information conce	rning this matter, please ca	all:		
Hal Latimer		at	904	261-8282
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made paya	able to the Florida D	epartment of S	tate:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy conal Copy is sed)

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

•	n as currently filed with the Flor	ida Dept. of State)
N16000008854		
(Docu	ment Number of Corporation (if kr	10wn)
Pursuant to the provisions of section 617.1006, Floumendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the wor 'Company" or "Co." may not be used in the nam		l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application	able:	
Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or reg	istered office address in Florida.	enter the name of the
new registered agent and/or the new registe		
	ita office additessi	
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent:	69 Long Point Drive	orida street address)
<u>Name of New Registered Agent:</u> <u>New Registered Office Address</u>	69 Long Point Drive	orida street address)
	69 Long Point Drive	32034
	69 Long Point Drive (FI	,
<u>New Registered Office Address</u>	69 Long Point Drive (FI Amelia Island (City)	, Florida
<u>New Registered Office Address</u> New Registered Agent's Signature, if changing	69 Long Point Drive (FI Amelia Island (City) Registered Agent:	, Florida (Zip Code)
<u>New Registered Office Address</u> New Registered Agent's Signature, if changing	69 Long Point Drive (FI Amelia Island (City) Registered Agent:	Florida 32034 (Zip Code) the obligations of the position.
<u>New Registered Office Address</u> New Registered Agent's Signature, if changing	69 Long Point Drive (FI Amelia Island (City) Registered Agent:	Florida 32034 (Zip Code) the obligations of the position.
<u>New Registered Office Address</u> New Registered Agent's Signature, if changing	69 Long Point Drive (F) Amelia Island (City) Registered Agent: ant. I am familiar with and accept	Florida 32034 (Zip Code) the obligations of the position.
<u>New Registered Office Address</u> New Registered Agent's Signature, if changing	69 Long Point Drive (FI Amelia Island (City) Registered Agent:	, Florida 32034 (Zip Code) the obligations of the position.
	69 Long Point Drive (F) Amelia Island (City) Registered Agent: ant. I am familiar with and accept	the obligations of the position.
<u>New Registered Office Address</u> New Registered Agent's Signature, if changing	69 Long Point Drive (F) Amelia Island (City) Registered Agent: ant. I am familiar with and accept	, Florida 32034 (Zip Code) the obligations of the position.

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 D V Mike John SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
, Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Change title "Article VII" to "Article VIII"
Insert "Article VII" as follows:
Upon the dissolution of this corporation, assets shall be distributed for one or more exempt purposes within the meaning
of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be
distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so
disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the
corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall
determine, which are organized and operated exclusively for such purposes.

•	September 19, 2016	
The date of each amendme late this document was sign	nt(s) adoption:	, if other than the
Effective date <u>if applicable</u>	October 1, 2016	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	ot be listed as the
Adoption of Amendment(s	(<u>CHECK ONE</u>)	
☐ The amendment(s) was was/were sufficient for	/were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members adopted by the board o	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.	
Dated Sep	otember 19, 2016	
Signature	of Otton Wolan	
have	the chairman or vice chairman of the board, president or other officer-if directors end been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	Alton Watson	
-	(Typed or printed name of person signing)	
Ī	President	
_	(Title of person signing)	