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SECRETARY OF STATE ONUSION OF CORPORATIONS,

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION	: Phonehome	FINANCIAL	Scholars	Corporation
DOCUMENT NUMBER:	N 19 00000	5335		
The enclosed Articles of Amen	dment and fee are submitted for fil	ing.		
Please return all correspondenc	ee concerning this matter to the follo	owing:		
	Arrelious M	Benn Contact Person)		
Pho	nettome Fine	Company)	Scholar	s Corporation
3575	RIVEYSIDE A	J E		
·	JACKSONVILLE, F	FL 322 and Zip Code)	205	
	velous bennt	109m	all-con	
For further information concern	·	imaar report nottirea	non,	10 ° 310
Arrelia	E Benn lame of Contact Person)	at 206	A 270 (Daytime Teleph	\$,., i 1
Enclosed is a check for the foll	owing amount made payable to the	Florida Department	of State:	D OF STAT RPORAT
□ \$35 Filing Fee □	□\$43.75 Filing Fee & □\$43.75 F Certificate of Status Certified (Addition enclosed	Copy Certail Copy is Certail Copy in Certail Copy in Certail Copy is Certail Copy in Certail Copy in Certail Copy in Certail Copy is Certail Copy in Certail C	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is aclosed)	TATE .
Mailing Add Amendment	<del></del>	Street Addres Amendment Se		

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

Phonehome F (Name of Corporation as	inancial	Scholars	Corporation	)
(Name of Corporation as	currently filed s	vith the Florida Dep	t. of State)	
N190	0000 533	35		
		poration (if known)		
ursuant to the provisions of section 617.1006, Florida nendment(s) to its Articles of Incorporation:	i Statutes, this FI	orida Not For Profit	Corporation adopts th	e following
nendment(s) to its Articles of Incorporation,				
If amending name, enter the new name of the co	orporation:			
				The new
me must be distinguishable and contain the word "company" or "Co." may not be used in the name.	corporation" or '	'incorporated'' or the	abbreviation "Corp."	or "Inc."
Enter new principal office address, if applicable	<u></u>			
rincipal office address <u>MUST BE A STREET ADI</u>				
		<u></u>		<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	X)			
		_		र्क हैं।
. If amending the registered agent and/or register new registered agent and/or the new registered		<u>s in Florida, enter tl</u>	he name of the	14 E
new registered agent and/or the new registered	onice address.			
Name of New Registered Agent:		- (1) Project (1) - (2)		
<del>-</del>		(Florida sire	et address)	<u> </u>
<u>New Registered Office Address:</u>				
			, Florida	5
_	(City)		(Zip Code)	
ew Registered Agent's Signature, if changing Regionerby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar wil	h and accept the obli	gations of the position	
	Signature	of New Registered Ag	ent 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 !           V         Mike           SV         Sally !	<u>Jones</u>		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	<u>vp</u>	Delonte C Robinson Sr.	3177 Apple ROAD M	J.E
Add			Washington, DC	
Remove			2 <i>0</i> 01 <i>8</i>	
2) Change	<u>vP</u>	MAriel M Benn	3575 Riverside Ave	
Add			Jacksonville, FL	
X Remove			32205	
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5. (2)				
5) Change				
Add				
Remove				
δ) Change				
Add				
Remove				

utach additional sheets, if necessary).	les, enter change(s) (Be specific)				
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The date of each amendment(s) adoption:	08-13-2019	, if other than the
date this document was signed.		
Effective date if applicable:	08-13-2019	
	e than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of Sta		is date will not be listed as the
Adoption of Amendment(s) (CHEC	<u>TK ONE</u> )	
☐ The amendment(s) was/were adopted by the n was/were sufficient for approval.	nembers and the number of votes east for the ame	ndment(s)
There are no members or members entitled to adopted by the board of directors.	vote on the amendment(s). The amendment(s) w	as/were
Dated	- CAM	
Signature	MMB	
(By the chairman or vice et	airman of the board, president or other officer-if	
have not been selected, by other court appointed fidu	an incorporator – if in the hands of a receiver, truciary by that fiduciary)	istee, or
	Arrelious M BENN	
	(Typed or printed name of person signing)	
	Prinzent	
	(Title of person signing)	