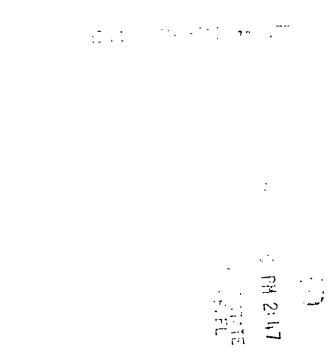
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(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

Student Loan Elimination Pro	gram, Inc.
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NAME OF CORPORATION:				
N20000011528				
DOCUMENT NUMBER:		-		
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat Eugene Smiley	ter to the following:			
	(Name of Contact I	Person)		
	(Firm/ Compar	ny)		
PO Box 58				
-	(Address)			
Tarpon Springs, FL. 34688-0058				
•	(City/ State and Zip	p Code)	·	
eugenesmiley@gmail.com				
E-mail address: (to be use	d for future annual re	eport n	otification	1)
For further information concerning this matter, pleas	e call:			
Eugene Smiley		727		642-3605
(Name of Contact Person	n)	it(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	a Depar	tment of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status			Certif Certif) Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section Division of Corporations	Ω	Amenda Division	ddress nent Sect of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

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

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Student Loan Elimination Program, Inc

Name of Corporation as currently filed with the Flo N20000011528	orida Dept. of State)		
	Number of Corporation (if	(Innovem)	
(Document)	Number of Corporation (1)	KHOWH)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not</i> .	For Profit Corporation adopts	the following
A. If amending name, enter the new name of the cor	rporation:		
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorpora	ed" or the abbreviation "Corp	o." or "Inc."
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADD</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		
			
			<u> </u>
D. If amending the registered agent and/or registere	ad affice address in Florid	n antar the name of the	
new registered agent and/or the new registered o		a, enter the name of the	,
None of None Designation I Court			
Name of New Registered Agent:			
			1.
New Registered Office Address:		Florida street address)	-0 ·
			رئ '
	(City)	Florida (Zip Code)	
	(Cu)	(глр Соце)	$f \cdot f$
New Registered Agent's Signature, if changing Regis	stered Agent:		
Thereby accept the appointment as registered agent. $-I$	am familiar with and acce	ot the obligations of the position	m.
	 Signature of New Reg. 	stered 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 Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	Tresurer	Joost Bottenbley	7001 - C Birkenhead Place Alexandria, VA 22315
 X Remove 2) Change Add 	Secretary	Regina Blanton	465 GROVE SPRING CT NW Lilburn, GA, 30047
X Remove 3) Change X Add Remove	Secretaru	LalDonna Strowbridge	5979 Covered Creek Ln Jacksonville, Fl., 32277
4) Change Add	Treasurer	John Henry	4115 Williston Road Minnetonka, MN, 55345
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
Said organization is organized exclusi	avely for charitable, religi	ons, educational, and scientific purposes, in cluding, for such pu	rposes, the
		organizations described under Section $501(c)(3)$ of the Internal lab tax code. Upon dissolution of the organization, assets	
		meaning of Section 501(c)(3) of the Internal Revenue C	lode, or

or distributed to the federal governmen	nt, or to a state or location government, for a purpose,	
		
,		-
		,
		
		
The date of each amendment(s) ado	June 12, 2021 ption:	, if other than the
date this document was signed. June 12		 .
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block document's effective date on the Depa	c does not meet the applicable statutory filing requirements, this date will no artment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	

	June 12, 2021
Dated	
	$dh_{a} = 0$
Signature	Mella muli
	(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)
	Alayna Smiley
	(Typed or printed name of person signing)
	Chairman of the Roard
	Chairperson of the Board
	Chairperson of the Board