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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

STUDENT SENI	IOR COMMUNITY C	ONNECTIONS	CORP	
N23000011430 DOCUMENT NUMBER:			· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are	submitted for filing.			۔ ا
Please return all correspondence concerning this re	natter to the following:			
Sean M Gallagher				
	(Name of Contact	Person)		
	(Firm/ Compa	пу)		707 Sē
2888 Oakgrove Ave				2024 NAY 20 SECRETARY
	(Address)			20
St Augustine, FL 32092				PHID: 06
	(City/ State and Zi	p Code)		
sean@sean-gallagher.com				r-int on
E-mail address: (to be t	used for future annual i	eport notificatio	n)	
For further information concerning this matter, plo	ease call:			
Sean M Gallagher		434 at	284-3757	
(Name of Contact Per			(Daytime Teleph	none Number)
Enclosed is a check for the following amount mad	le payable to the Florid	a Department of	State:	
■ \$35 Filing Fee		Certif vis Certif	O Filing Fee Teate of Status Ted Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	7 1	Street Address Amendment Sect Division of Corp The Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

STUDENT SENIOR COMMUNITY CONNECTIONS CORP

(Name of Corporation as currently filed with the Florida	Dept. of State)	
N23000011430		
(Document Nun	nber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
N/A		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u>(3</u>)	
		5 70 21
		- ZC i
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	Y 20
		CON P
	-	7.0
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		a, enter the name of the
N/A		
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:	·	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent. I am,	familiar with and accep	ot the obligations of the position.
	C: Call B	TA
	Signature of New Regi	stered Agent, if changing

If amending the Officers and/or Directors, enter the title ar	nd name of each officer/director being removed and title, n	ame,
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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones		
Type of Action (Check One)	Title		<u>Name</u>	Address	
1) Change Add		_			
Remove					
2) Change Add		_		2024 SEC	
Remove 3) Remove Add Remove		-		ALLENY ALLENY ALLENY	177
4) Change Add					6 سر بورن ^ي
Remove				TE 6	
5) Change Add		_			
Remove					
の Change Add					
Remove					
E. If amending or addit (attach additional shee			icles, enter change(s) here: (Be specific) 2 new artic	les	
Said organization is organ	nized exc	lusively t	for charitable, religious, educational, and scier	ntific purposes, including, for such	
			anizations that qualify as exempt organization		
<u> </u>		-	ding section of any future federal tax code.		
Upon dissolution of the o	rganizati	on accets	s shall be distributed for one or more exempt a	purposes within the meaning of	

Section 501(c)(3) of the Internal Revenue Code, or 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.		
		
		
		
		
		
		
		
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The date of each amendment(s) adoption: 13 May, 2024		
The date of each amendment(s) adoption:	·	if other than the
Effective date if applicable: 13 May, 2024		
(no more than 90 days after amendment file date)	.,	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	this date will not be	listed as the
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 <u>5/13/24</u>
Signature Caulin Hall ogho,
(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)
CAITLIN T GALLAGHER
(Typed or printed name of person signing)
DIRECTOR

(Title of person signing)

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