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SECRETARY OF STATE
TALLARIAS SEE. FL

COVER LETTER

Division of Corporat			:	
NAME OF CORPORAT	THE NEW NATION:	ONAL ALUMNI A	SSOCIATION	OF EDWARD WATERS COLLEGE
DOCUMENT NUMBER	N99000002929 R:			
The enclosed Articles of A			-	
Please return all correspon	dence concerning this ma	tter to the following		
Lillie M. Vereen				
		(Name of Contact	Person)	
THE NEW NATIONAL A	ALUMNI ASSOCIATION	OF EDWARD WA	ATERS COLLE	GE INC.
		(Firm/ Compa	eny)	
P. O. Box 40792				
		(Address)		
Jacksonville, Florida 322	203			
		(City/ State and Zi	p Code)	
lvereenj@aol.com	_		,	
	E-mail address: (to be used	d for future annual r	eport notification	on)
For further information con	cerning this matter, please	call:		
Malachi Beyah			904	434-9615
	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida	Department of	State:
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Mailing A	ddress	St	reet Address	
Amendme Division o		Aı	mendment Secti	on
P.O. Box 6	f Corporations	Di	ivision of Corpo	rations
	e, FL 32314	T	ne Centre of Ta	allahassee
· m 14116336	~' • • 75714	. 24	ISN Moneya	Character C. L. O. C.

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

tu

Articles of Incorporation

of

THE NEW NATIONAL ALUMNI ASSOCIATION OF EL	DWARD WAT	ERS COLLEGE	E INC.	
(Name of Corporation as currently filed with the Florida	Dept. of State			
N99000002929		_		
(Document Num	ber of Corpora	tion (if known)		
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florid</i>	la Not For Profit	t Corporation adopts	the following
A. If amending name, enter the new name of the corpora	ition:			
The NATIONAL ALUMNI ASSOCIATION OF EDWAR		INIVERSITY INC	r	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name	ation" or "inc	orporated" or the	e abbreviation "Corp	The new o." or "Inc."
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	(3)			25 33 36 33 37 32 32 32 32 32 32 32 32 32 32 32 32 32
				
	 -			<u>></u> ;;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P. O. Box	40792	77 67 77	-7 P
	Jacksonv	ille	44.	÷ 6
	Florida	32203	· · ·	27
D. If amending the registered agent and/or registered off	ice address in	Florida, enter ti	he name of the	
new registered agent and/or the new registered office	address:	z soriazi cineti u	ne name of the	
Name of New Registered Agem:		·		
•		-		 _
New Registered Office Address:		(Florida strei	et address)	
7444			, Florida	
	(City)		(Zip Code)	
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	Agent: miliar with an	d accept the oblig	gations of the positio	n.
2	ionature of Ne	w Registered Age	of the state of	

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>oneş</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<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			
E. If amending or additional sheet	ng additional Art ets, if necessary).	ticles, enter change(s) here: (Be specific)	
	· · ·		

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		.
		
		
	·	
The date of each amendment(s) adoption date this document was signed.	08/31/2021 on:	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not tent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	·

	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
	Signature (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)
	Lillie M. Vereen
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)