P17000002885

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Frazer Foundation.	Incorporated	
DOCUMENT NUMB	ER: P17000002885		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Camille Frazer		
•		Name of Contact Persor	1
		Firm/ Company	_
	1462 SW Medina Avenue		
		Address	
	Port St. Lucie, FL 34953		
		City/ State and Zip Code	<i>:</i>
	camfrazer@yahoo.com		
•	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Camille Frazer		781	367-4162
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 SEP 13 AM 7:23 Frazer Foundation, Incorporated (Name of Corporation as currently filed with the Florida Dept. of State) P17000002885 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: FrazerMill Publishing, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1462 SW Medina Avenue B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Port St. Lucie, FL 34953 C. Enter new mailing address, if applicable: 1462 SW Medina Avenue (Mailing address MAY BE A POST OFFICE BOX) Port St. Lucie, FL 34953 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) _, Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

[■] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				<u> </u>
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>additi</i> e	r adding additional Arti nal sheets, if necessary).	(Be specific)	27 HCAC.		
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i <u>f an amendn</u>	ent provides for an exch	ange, reclassificati	on, or cancellation	of issued shares,	
tit not at	r implementing the ame plicable, indicate N/A)	<u>nament ji not conti</u>	ained in the amend	ment (tseif:	
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1.

September 7, 2021	
The date of each amendment(s) adoption:	, if other than the
September 7, 2021 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	ction and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
CAMILLE TRAZER	
(Typed or printed name of person signing)	
President	
(Title of person signing)	