P11000045339

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8-23-11

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	ADVANCED HEALTHCARE COLLEGE CORP.			
DOCUMENT NUMBER:	P11000045339			
The enclosed Articles of Amendm	ent and fee are submitted for filing.			
Please return all correspondence co	oncerning this matter to the following:			
	JEAN JULES			
	Name of Contact Person			
ADVANCED HEALTHCARE COLLEGE CORP.				
Firm/ Company				
5160 SW 158TH AVE				
Address				
	MIRAMAR, FL 33027			
	City/ State and Zip Code			
E-mail add	ress: (to be used for future annual report notification)			
For further information concerning	this matter, please call:			
JEAN JULES	at (305)970-7914			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
✓ \$35 Filing Fee				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

ADVANCED HEALTHCARE COLLEGE CORP.

ANIAN PH 3. 12

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000045339

(Document Number of Corporation (if known)

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Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
A. If amending name, enter the new name of t	he corporation:	
		The ne
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the d name must contain the word "chartered," "profe	lesignation "Corp," "In	c," or "Co". A professional corporatio
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	
D. If amending the registered agent and/or registered registered agent and/or the new registered agent and/or registered agent age		n Florida, enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address:</u>	(Florida street d	address)
_		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		and accept the obligations of the position
	mature of New Registers	d taget if charging

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)

Title	<u>Name</u>	Address	Type of Action
<u>DS</u>	MARIE L BENOIT	5160 SW 158TH AVE MIRAMAR, FL 33027	□ Add ☑ Remove
(attach ac	iditional sheets, if necessary). (Be s	pecific)	
provisio	nendment provides for an exchange, ons for implementing the amendmen ot applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: AUGUST 17, 2011
Effective date <u>if applicable</u> :	AUGUST 17, 2011 (date of adoption is required) AUGUST 17, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
action was not required.	ste adopted by the incorporators without shareholder action and shareholder
Dated_AUC	GUST 17, 2011
Signature _	Jean Jula
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JEAN JULES
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)