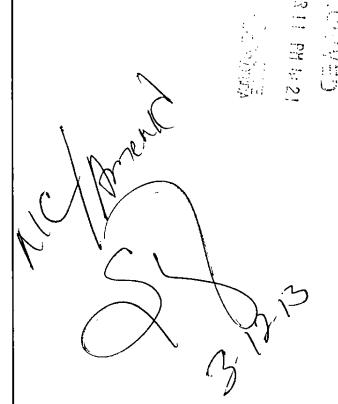
## 713000000494/

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



700244976987





ACCOUNT NO. : I2000000195
REFERENCE : 565708 4363870
AUTHORIZATION :
COST LIMIT : \$ 35.00
ORDER DATE : March 11, 2013
ORDER TIME : 3:07 PM
ORDER NO. : 565708-005
CUSTOMER NO: 4363870
25201ER NO. 1303070
DOMESTIC AMENDMENT FILING
NAME: SR ECKERT, INC.
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER'S INITIALS:



March 12, 2013

CSC 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: SR ECKERT, INC. Ref. Number: P13000004241

RESUBMIT

Please give original submission date as file date.

We have received your document for SR ECKERT, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 813A00005748



## Articles of Amendment SR ECKERT, INC.

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

P13000004241

(Document Number of Corporation (if Known)

mendment(s) to

A. If amending name, enter the new name of t	the corporation:		
AKH, INC. ADVANCING KNOWLEDGE IN F	HEALTHCARE		T
num must be distinguishable and contain the "Coyo." "Inc." or Co." or the designation " Ford "chartered," "professional association," o	Corn " "Inc. " or "C	a" A professional cornus	
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>	cahle:	585 Happ Road	
		Northfield, IL 60093	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E B OX)		
. 0			
	<del></del>		
		s in Florida, cater the nam	ne of the
. If amending the registered agent and/or reg new registered agent and/or the new registe		s in Florida, eater the na m	ne of the
		s in Florida, eater the na n	ne of the
new registered a gent and/or the new registe	ered office address:		ne of the
new registered a gent and/or the new register Name of New Registered Agent			
new registered a gent and/or the new registe	ered office address:		
new registered a gent and/or the new register Name of New Registered Agent	ered office address: (Florida street (City)		

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	PT Joh	n Doc	
X Remove	<u>V</u> <u>Mik</u>	re Jones	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	DPST	STEVEN R. ECKERT	585 Happ Road
X Add			Northfield, IL 60093
Remove			
2) Change		·	
Add			,
Remove			····
3) Change			
<b>A</b> dd			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change	<del></del>		
Add	_		
Remove			

Attach additional sheets, if necessary).	(Be specific)
····	
nn amendment provides for an excha- provisions for implementing the amend (if not applicable, indicate N/A)	inge, reclassification, or cancellation of issued shares.  I diment if not contained in the amendment itself:

The date of each amendment(s) adoption: 3-1-2013		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated March	11,2013	
Signature	5 DW	
	director, president or other officer - if directors or officers have not been	
	sted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	inted fiduciary by that fiduciary)	
	Steven R. Eckert, President	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	