I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER L. CITTADINO

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L20000204542 Entity Name: AJM NURSING EDUCATIONAL CONSULTANTS LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

6900 DANIELS PARKWAY SUITE 29-322 FORT MYERS, FL 33912

Current Mailing Address:

6900 DANIELS PARKWAY SUITE 29-322 FORT MYERS, FL 33912 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

CITTADINO, JENNIFER L 6900 DANIELS PARKWAY SUITE 29-322 FORT MYERS, FL 33912 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

City-State-Zip: FORT MYERS FL 33913

Title	MGR	Title	MGR	
Name	CITTADINO, JENNIFER L	Name	LEWIS, MARY L	
Address	3504 SW 17TH AVE	Address	5603 AMOROSO DR	
City-State-Zip:	CAPE CORAL FL 33914	City-State-Zip:	FORT MYERS FL 33919	
Title Name Address	MGR WRIGHT, ARLENE T 11824 NEWCOMBE TRACE			

PHD, MSN, APRN

Certificate of Status Desired: No

04/18/2022

Date

FILED Apr 18, 2022 Secretary of State 2148427579CC

Date