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TO: Amendment Section Division of Corporations

NAME OF CORPORAT	Flagler College, Inc.			<u> </u>			
DOCUMENT NUMBER:	705807						
The enclosed Articles of A		mitted for filing.	_				_
Please return all correspond	lence concerning this matt	er to the followin	g:				
Stacey Matthews							
		(Name of Contac	rt Person)				_
Flagler College							
	<u> </u>	(Firm/ Com	pany)	1			_
74 King Street							
. <u> </u>		(Addres:	;)	· · · · · · · · · · · · · · · · · · ·			_
St. Augustine, FL 32084							
-		(City/ State and I	Zip Code)				_
smatthews@flagler.edu					, •	50.5	
	E-mail address: (to be used	l for future annua	report notific	cation)	<u> </u>	<u></u>	
For further information con	cerning this matter, please	call:			•	. : 	
Stacey Matthews			904 at _	826-8613	: ?		
	(Name of Contact Person)	(Area Co	de) (Daytime Tele	phoné Núm	be <u>r)</u>	***
Enclosed is a check for the	following amount made pa	iyable to the Flori	da Departmer	nt of State:	; ; ;		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing I Certified Copy (Additional co- enclosed)	by is C	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy is inclosed)			

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

Flagler College, Inc.						
(Name of Corporation as currently filed with the	ıe Florida [Dept. of Sta	<u>te</u>)			
705807						
(Docum	ment Numb	er of Corpor	ration (if known)			
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Flori</i>	ida Not For Prof	it Corporation a	dopts the	c following
A. If amending name, enter the new name of th	<u>te corporati</u>	ion:				
N/A	-					
name must be distinguishable and contain the wor. "Company" or "Co." may not be used in the nam	d "corporat 1 e .		corporated" or tl	e abbreviation '	'Corp."	_The new or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A	able: 4DDRESS)	N/A 	***	.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A				(C)
		-			:	ال 135 ماراتيلي 136 ماراتيلي
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office	e address i	n Florida, enter	the name of the		
	Stacey Ma					· ·
Name of New Registered Agent:	74 King St					· ——
New Registered Office Address:			(Florida str	cet address)		
	St. August			, Florida	32084	
		(City)		(Zip C	ode)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered A	Agent: viliar with a	nd accept the obl	igations of the po	osition.	
_	Slow	wy la	attieus			
_	Sig	nature of N	ew Registered Ag	ent, if changing		

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	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	<u>CFO</u>	Dave I. Carson	74 King Street St. Augustine, FL 32084
2) Change Add	<u>CFO</u>	Stacev Matthews	74 King Street St. Augustine, FL 32084
Remove 3) Change	<u>P</u>	John Delanev	74 King Street St. Augustine, FL 32084
4) Change Add			
Remove 5)ChangeAdd			
Remove 6) Change Add			
E. <u>If amending or addin</u> (attach additional sheet	g additional Articles, if necessary).	cles, enter change(s) here: (Be specific)	

	
	
The date of each amendment(s) ad date this document was signed.	option: if other than
Effective date if applicable	
metive date in appreciate.	(no more than 90 days after amendment file date)
	ek does not meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)

Dated Type 13, 2022

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)

Lava Stevenson Dynas

(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were