## 734103

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Not for Profit Corporation pursuant to section 617,1006. Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- ➢ If amending/adding officers/directors, list titles and addresses for each officer/director.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

| Filing Fee | \$35.00 (Includes a letter of acknowledgment) |
|------------|---|
|------------|---|

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information, you may call the Amendment Section at (850) 245-6050

CR2E009 (4/15)

## COVER LETTER

TO: Amendment Section Division of Corporations

| Hodg<br>NAME OF CORPORATION:          | ges University Inc                                       |                                    |  |
|---------------------------------------|--|------------------------------------|--|
| 734103                                |  |                                    |  |
| DOCUMENT NUMBER:                      |  |                                    |  |
| The enclosed Articles of Amendment    | and fee are submitted for fili                           | ng.                                |  |
| Please return all correspondence conc | erning this matter to the follo                          | wing:                              |  |
| Melissa Mitro                         |  |                                    |  |
|                                       | (Name of Co  | ontact Person)                     |  |
| Hodges University Inc.                |  |                                    |  |
|                                       | (Firm/ C   | ompany)                            |  |
| 4501 Colonial Blvd                    |  |                                    |  |
|                                       | (Ade   | iress)                             |  |
| Fort Myers FL 33966                   |  |                                    |  |
|                                       | (City/ State a   | and Zip Code)                      | =  |
| mmitro@hodges.edu                     |  |                                    |  |
| E-mail add                            | ress: (to be used for future ar                          | nual report notificati             | on)  |
| For further information concerning th | s matter, please call:                                   |                                    |  |
| Melissa Mitro                         |  | 239<br>at                          | 598-6283   |
| (Name of                              | Contact Person)  | (Area Code                         | (Daytime Telephone Number)   |
| Enclosed is a check for the following | amount made payable to the                               | Florida Department o               | f State:   |
| ■ \$35 Filing Fee □\$43.7:<br>Certif  | Filing Fee & S43.75 Files Certified (Additions enclosed) | Copy Cert<br>d copy is Cert<br>(Ad | 50 Filing Fee ificate of Status ified Copy ditional Copy is losed) |
| Mailing Address                       |  | Street Address                     |  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Hodges University, Inc.

| (Name of Corporation as currently filed with the Flo   | orida Dept. of State)          |   |
|--|--------------------------------|---|
| 734103   | Number of Corporation (if kr   |   |
| (Document  | Number of Corporation (if Ki   | iown)                                     |
| Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:   | Statutes, this Florida Not Foo | r Profit Corporation adopts the following |
| A. If amending name, enter the new name of the co  | rporation:                     |   |
|  |                                | The new                                   |
| name must be distinguishable and contain the word "co<br>"Company" or "Co." may not be used in the name. | orporation" or "incorporated   | " or the abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD     |                                |   |
| Trincipal office dudiess prost by Hottaget Myb   | <u></u>                        |   |
|  |                                |   |
|  |                                |   |
| C. Enter new mailing address, if applicable:   | 1/1                            | enter the name of the 9:                  |
| (Mailing address MAY BE A POST OFFICE BO)  | 1)                             | <del></del>                               |
|  |                                |   |
|  |                                | - <del></del>                             |
|  | <del></del>                    | 7   |
| D. If amending the registered agent and/or register  |                                | enter the name of the                     |
| new registered agent and/or the new registered of  | office address:                |   |
| Name of New Registered Agent:  | <u> </u>                       |   |
|  |                                |   |
|  | (Flo                           | orida street address)                     |
| New Registered Office Address:   |                                |   |
|  |                                | , Florida<br>(Zip Code)                   |
|  | (City)                         | (Zip Code)                                |
| New Registered Agent's Signature, if changing Regi   | istered Agent:                 |   |
| I hereby accept the appointment as registered agent.   |                                | the obligations of the position.          |
|  |                                |   |
|  | ·                              |   |
|  | Signature of New Registe       | ered Agent, 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                               | <u>PT</u> <u>V</u> <u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith                       |   |
|--|------------------------------|---|---|
| Type of Action<br>(Check One)                                  | <u>Title</u>                 | <u>Name</u>   | <u>Addres</u> s                           |
| 1) Change<br>Add   | P                            | Dr. John D. Meyer   | Fort Myers FL 33966                       |
| <ul> <li>X Remove</li> <li>2) Change</li> <li>X Add</li> </ul> | <u>P</u>                     | Dr. Charlene A. Wendel                                      | 4501 Colonial Blvd<br>Fort Myers FL 33966 |
| 8 Remove 3 ) Change Add Remove                                 | TR                           | Tiffany Esposito  | 4501 Colonial Blvd<br>Fort Mvers FL 33966 |
| 4) Change  | TR                           | Carmen Salome   | 4501 Colonial Blvd<br>Fort Myers FL 33966 |
| Remove 5) Change Add Remove                                    |                              | <del>-</del>  |   |
| 6) Change Add  |                              |   |   |
|  |                              | onal Articles, enter change(s) here: essary). (Be specific) |   |
|  |                              |   |   |

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| The date of each amendment(s) adoption: date this document was signed.                    | 07/07/2023   | , if other than the |
| Effective date if applicable: 07/07/2023  |  |                     |
| (n  | o more than 90 days after amendment file date)   |                     |
| Note: If the date inserted in this block does document's effective date on the Department | not meet the applicable statutory filing requirements, this date will not tof State's records. | be listed as the    |
| Adoption of Amendment(s) (  | CHECK ONE)   |                     |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.   |
|--|
| Dated 07/24/2023 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) |
| Dr. Charlene A. Wendel  (Typed or printed name of person signing)  |
| (Typed of printed fainte of person signing)  |
| President  |
| (Title of person signing)  |