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OCT 15 2014

R. WHITE

### COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: National Organizati	on for Associate Degree Nursing, INC
	Name of Corporation
DOCUMENT NUMBER: F0500	0000107
The enclosed Amendment and fee are	submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Harriet McClung	
Name of Contact Person	on
National Organization for Associate I	Degree Nursing, INC
Firm/Company	<del></del>
7794 Grow Drive	
Address	
Pensacola, FL 3251	4
City/State and Zip Co	de
accounting@internati	
E-mail address: (to be used for future	e annual report notification)
For further information concerning this	s matter, please call:
Harriet McClung	at (850 ) 475-3514  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following a	mount:
\$35.00 Filing Fee \$43.75 Filing Certificate of	Fee & \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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

# NOT FOR PROFIT CORPORATION APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA (Pursuant to s. 617.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

F0500000010	17		errat <sub>ia</sub>	
(Document)	Number of Corporation (If known)	۵	三部	7
1. National Organization for Associa	te Degree Nursing, INC		1500 E	8,
(Name of corporation as it a	ppears on the records of the Department of State)		1.52	· <del></del> -
<sub>2.</sub> Texas	<sub>3.</sub> 12/30/2004			9-
(Incorporated under laws of)	(Date authorized to conduct affairs	in Flo	rida):	
	SECTION II	•	O. T.	Ÿ
(4-8 COMPLETE	ONLY THE APPLICABLE CHANGES)	•		2: 46
4. If the amendment changes the name of the	corporation, when was the change effected	under	the law	s of its
jurisdiction of incorporation? Recorded in TX 9				
5. Organization for Associate Degre				
(Name of corporation after the amendment, adding suff if not contained in new name of the corporation. "Com		reviati	ion,	•
if not contained in new name of the corporation. "Com corporation)	pany," or "Co.," may not be used as a corporate suffix	by a n	onprofit	
<ol><li>If the amendment changes the period of durat effected.</li></ol>	ion, indicate new period of duration and the c	late th	ne change	e was
(New duration)			-	
(New duration)	(Date)			
7. If the amendment changes the jurisdiction of was effected.	f incorporation, indicate new jurisdiction and	i the	date the	change
(New jurisdiction)	(Date)		<del></del>	
8. If the purpose which the corporation intends to	o pursue in Florida has changed, indicate new	/ purp	oose.	
(The corporation is authorized to pursu	e such purpose in the jurisdiction of its incorporation	1)	<del></del>	
<ol> <li>Attached is a certificate or document of similar 90 days prior to delivery of the application to the having custody of corporate records in the juris</li> </ol>	import, evidencing the amendment, authent he Department of State, by the Secretary of S diction under the laws of which it is incorpo-	icateo State orateo	d not mo or other I.	re than official
Donna Meyer				
(Signature of the chairman or Vice chairman of the president, or other officer - if in the hands of a record or other court-appointed fiduciary, by that fiduciary,	eceiver, trustee,			
Donna Meyer	President/CEO			
(Typed or printed name of the person si	(Title of person sig	ning		

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



#### Office of the Secretary of State

### CERTIFICATE OF FILING OF

Organization for Associate Degree Nursing, Inc. 100533601

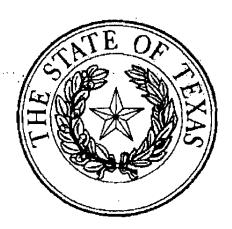
[formerly: NATIONAL ORGANIZATION FOR ASSOCIATE DEGREE NURSING, INC.]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 09/11/2014

Effective: 11/14/2014



NANDITA BERRY

Nandita Berry Secretary of State

Phone: (512) 463-5555
Prepared by: Virginia Tobias

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
TID: 10303 Document: 567527290002

## Form 424 (Revised 12/09)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fee: Sec instructions



#### Certificate of Amendment

This space reserved for office use.
In the Office of the
Secretary of State of Texas

SEP 1 1 2014

**Corporations Section** 

Entity	Inform	ation
A/III LILY	LIELVI III	auvu

The name of the filing entity is:				
National Organization for Associate Degree Nursing	g, Inc.			
State the name of the entity as currently shown in the recoff the entity, state the old name and not the new name.	ords of the secretary of state. If the amendment changes the name			
The filing entity is a: (Select the appropriate entity type	below.)			
For-profit Corporation	☐ Professional Corporation			
✓ Nonprofit Corporation	Professional Limited Liability Company			
Cooperative Association	Professional Association			
Limited Liability Company	Limited Partnership			
The file number issued to the filing entity by the				
The date of formation of the entity is: July 28, 1986				
Amendments				
1. Amended Name (If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)				
The amendment changes the certificate of form filing entity. The article or provision is amended	ation to change the article or provision that names the to read as follows:			
The name of the filing entity is: (state the new na	ame of the entity below)			
Organization for Associate Degree Nursing, Inc.	·			

#### 2. Amended Registered Agent/Registered Office

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

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Form 424

Registered (Complete either A or B, but no	Agent ot both. Also complete C.)	
A. The registered agent is an organization (cannot)	be entity named above) by the name o	f:
OR  B. The registered agent is an individual resident of	of the state whose name is:	
First Name M.J. Lin.	si Name	Suffix
The person executing this instrument affirms that the has consented to serve as registered agent.	e person designated as the new	registered agent
C. The business address of the registered agent and th	ne registered office address is:	
Street Address (No P.O. Box)	TX	an de la
Street Address (No P.O. Box)	ity Siate	Zip Code
3. Other Added, Altered,	or Deleted Provisions	
Other changes or additions to the certificate of formation may be is insufficient, incorporate the additional text by providing an autform for further information on format.	made in the space provided below. If tachment to this form. Please read the	the space provided instructions to this
Text Area (The attached addendum, if any, is incorporated herein by refer	ence.)	
Add each of the following provisions to the certific reference of the added provision and the full text are as		ation or
Alter each of the following provisions of the certific reference of the altered provision and the full text of the		
Delete each of the provisions identified below from	the certificate of formation.	
ورسان والمناف		

#### Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.