

# F970000001985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

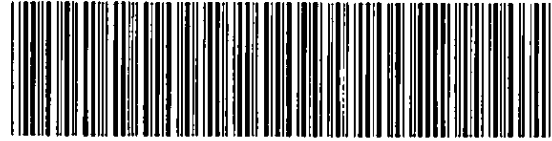
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200427749172

*N/C Amend*

RECEIVED  
FILED  
2024 MAY 13 AM 11:02  
2024 MAY 13 AM 11:46  
SECRETARY OF STATE  
TAMPA, FLORIDA

A. RAMSEY

MAY 14/2024



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 05/10/24  
Order #: 1503518-2  
Re: Medical Education Technologies Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:

1200000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** CAE Healthcare, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F97000001985

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Stringfellow

Name of Contact Person

Madison Industries

Firm/Company

9442 Capital of Texas Highway North, Building 1, Suite 390

Address

Austin, TX 78759

City/State and Zip Code

astringfellow@madison.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Stringfellow

Name of Contact Person

at ( 512 ) 551-0316

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

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

**Street Address:**

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

(Pursuant to s. 607.1504, F.S.)

F97000001985

FILED  
2024 MAY 13 AM 11:46  
FBI - NEW YORK

(Name of corporation as it appears on the records of the Department of State)

(Incorporated under laws of)

(Date authorized to do business in Florida)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? April 15, 2024

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)


8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
 \_\_\_\_\_  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jennifer Julia

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35.00**

CSC AMEND-12587

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MEDICAL EDUCATION TECHNOLOGIES, INC." FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CAE HEALTHCARE, INC.", ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2012, AT 1:54 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "CAE HEALTHCARE, INC." FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ELEVATE HEALTHCARE, INC.", ON THE FIFTEENTH DAY OF APRIL, A.D. 2024, AT 11 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELEVATE HEALTHCARE, INC.", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE



  
Jeffrey W. Bullock, Secretary of State

2612708 8321  
SR# 20241988393

Authentication: 203435773  
Date: 05-09-24

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

# Delaware

The First State

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*RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT  
BUSINESS.*



  
Jeffrey W. Bullock, Secretary of State

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