

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
MD7000003847

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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2017 FEB 14 A 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHAMBERLAIN COLLEGE OF NURSING LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED
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CHAMBERLAIN COLLEGE OF NURSING LLC
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

D. BRUCE
FEB 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAMBERLAIN COLLEGE OF NURSING LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFF HARPER

Name of Person

DEVRY EDUCATION GROUP LEGAL

Firm/Company

3005 HIGHLAND PARKWAY

Address

DOWNERS GROVE, ILLINOIS 60515

City/State and Zip Code

JHARPER@DEVRYGROUP.COM

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

For further information concerning this matter, please call:

JEFF HARPER

Name of Person

at (630) 353-9016

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

FILED
2017 FEB 14 A 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of:

State: CHAMBERLAIN COLLEGE OF NURSING LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M07000003847

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 06/25/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CHAMBERLAIN UNIVERSITY LLC

(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

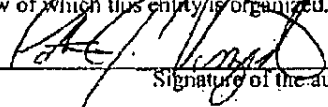
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Secr	Gregory S. Davis	3005 Highland Parkway	<input type="checkbox"/> Add
		Downers Grove, Illinois 60515	<input checked="" type="checkbox"/> Remove
VP	Timothy J. Wiggins	3005 Highland Parkway	<input type="checkbox"/> Add
		Downers Grove, Illinois 60515	<input checked="" type="checkbox"/> Remove
Secr	F. Willis Caruso, Jr.	3005 Highland Parkway	<input checked="" type="checkbox"/> Add
		Downers Grove, Illinois 60515	<input type="checkbox"/> Remove
Asst. Sec.	Robert P. Sjeland	3005 Highland Parkway	<input checked="" type="checkbox"/> Add
		Downers Grove, Illinois 60515	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in jurisdiction under the law of which this entity is organized.


Signature of the authorized representative.

Patrick J. Unzicker, Treasurer

Typed or printed name of signee

Filing Fee: \$25.00

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CHAMBERLAIN COLLEGE OF NURSING LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CHAMBERLAIN UNIVERSITY LLC" ON THE SEVENTH DAY OF FEBRUARY, A.D. 2017, AT 1:49 O'CLOCK P.M.



3936012 8320
SR# 20170883177

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202034685
Date: 02-14-17