

M17000002033

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H170002811433ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : I20160C00008
Phone : (850)777-2091
Fax Number : (770)220-1943

\*\*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
SALEM INTERNATIONAL UNIVERSITY, LLC

Table with 2 columns: Description and Amount. Rows include Certificate of Status (0), Certified Copy (1), Page Count (05), and Estimated Charge (\$55.00).

Vertical stamps: 2017 OCT 25 AM 11:27, FILED, 17 OCT 25 AM 9:17, and a handwritten signature/initials.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SALEM INTERNATIONAL UNIVERSITY, 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:

Sharon K. Gray  
Name of Person

Triad Professional Services  
Firm/Company

1720 Windward Concourse, Ste. 390  
Address

Alpharetta, GA 30005  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sharon K. Gray at (770) 777-2091  
Name of Person 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)

# 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: Salem International University, 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: M17000002033

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 9, 2017

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

5. New name of the limited liability company: Salem University, LLC

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

(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," "L.L.C." or "LLC.")

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

FILED  
17 OCT 25 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

\_\_\_\_\_

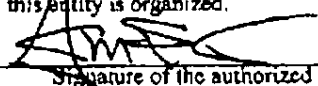
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

17 00 25 AM 9: 17  
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 TALLAHASSEE FLORIDA

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 the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Gerard Francois

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SALEM INTERNATIONAL UNIVERSITY, LLC", CHANGING ITS NAME FROM "SALEM INTERNATIONAL UNIVERSITY, LLC" TO "SALEM UNIVERSITY, LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF OCTOBER, A.D. 2017, AT 1:28 O'CLOCK P.M.



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

3937385 8100  
SR# 20176775236

Authentication: 203455857  
Date: 10-25-17

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

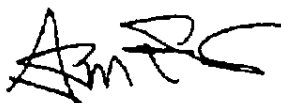
(((H17000281143 3)))

**AMENDMENT TO CERTIFICATE OF FORMATION  
OF  
SALEM INTERNATIONAL UNIVERSITY, LLC**

1. The name of the limited liability company is Salem International University, LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

"First: The name of the limited liability company is Salem University, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Amendment to Certificate of Formation of Salem International University, LLC this 2<sup>ND</sup> day of October, 2017.



Name: GERARD M. FRANCOIS  
Authorized Person

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:29 PM 10/02/2017  
FILED 01:28 PM 10/02/2017  
SR 20176428612 - File Number 3937385