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DIVISION OF CORPORATE AFFAIRS
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Is How
Amend/NE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mission Bon Samaritain-International School of Nursing

DOCUMENT NUMBER: N06000000932

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Durand

(Name of Contact Person)

Mission Bon Samaritain-International School of Nursing

(Firm/ Company)

PO Box 278887

(Address)

Miramar, FL 33027

(City/ State and Zip Code)

For further information concerning this matter, please call:

Nancy Durand

(Name of Contact Person)

at (954)

5939137

(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 &
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☐ \$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

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(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

(Attach additional pages if necessary)
(continued)

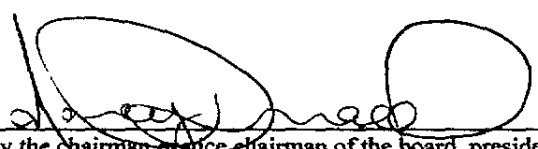
The date of adoption of the amendment(s) was: January 30, 2006

Effective date if applicable: January 30, 2006
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

Nancy Durand

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35