# N10000007071

| (Re                     | equestor's Name)   |                                       |
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| (Cit                    | ty/State/Zip/Phone | e #)                                  |
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| PICK-UP                 | WAIT               | MAIL                                  |
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| (Bu                     | siness Entity Nan  | ne)                                   |
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| (Ďo                     | cument Number)     | · · · · · · · · · · · · · · · · · · · |
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| Certified Copies        | Certificates       | of Status                             |
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| Special Instructions to | Filing Officer:    |                                       |
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JOSEP-7 PH 1:51
SECRICIARY OF STATE
ALLAHASSEE, FLORIDA

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO              | RATION: Vascular Educ  | ation Corp  | oration   |   |
|----------------------------|--|---|---|---|
| DOCUMENT NUMI              | BER: N10000007071  |   |   |   |
| The enclosed Articles      | of Amendment and fee are subr  | nitted for filing                                       | <u>7</u> .  |   |
| Please return all corre    | spondence concerning this matte                                      | er to the follow  | ing:  |   |
| <del></del>                |  | ia Cook   |   |   |
|                            | (Name of C   | Contact Person  | )   |   |
|                            | Bovay  | & Cook, PA  |   |   |
|                            | (Firm/   | Company)  |   |   |
|                            | 901 NW   | 57th Street   |   |   |
|                            | (A   | ddress)   |   |   |
|                            | Gainesvi   | lle, FL 32605   | 5   |   |
| <u> </u>                   |  | and Zip Code  |   | <del></del>   |
| . ——                       | E-mail address: (to be used  | for future annu   | ual report notificat  | ion)  |
| For further informatio     | n concerning this matter, please                                     | call:   |   |   |
| Julia Cook                 |  | at ( 352  | 331-9092  |   |
| (Name                      | of Contact Person)   |   | a Code & Daytim   | e Telephone Number)   |
| Enclosed is a check fo     | r the following amount made pa                                       | yable to the Flo  | orida Department o  | of State:   |
| □ \$35 Filing Fee          | ☐ \$43.75 Filing Fee & Certificate of Status                         | ☑ \$43.75 F<br>Certified Co<br>(Additional<br>enclosed) | opy copy is   | ☐ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Ameno<br>Divisio<br>P.O. B | ng Address diment Section on of Corporations ox 6327 assee, FL 32314 | Am<br>Div<br>Clif<br>266                                | eet Address<br>endment Section<br>ision of Corporation<br>fron Building<br>1 Executive Center (<br>lahassee, FL 32301 |   |

#### Articles of Amendment to Articles of Incorporation of

### Vascular Education Corporation (Name of Corporation as currently filed with the Florida Dept. of State) N10000007071 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST\_BE\_A\_STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

| <u>Title</u>  | Name  | Address                        | Type of Action    |
|---------------|---|--------------------------------|-------------------|
| <del></del>   |   |                                | ☐ Add<br>☐ Remove |
|               |   |                                | ☐ Add<br>☐ Remove |
|               |   |                                | ☐ Add<br>☐ Remove |
| (attach addit | g or adding additional Articles, enter clional sheets, if necessary). (Be specific solution of the Corporation, all ass | )                              | ne or more        |
|               | oses within the meaning of Section  |                                | evenue            |
|               | responding section of any future fe<br>the federal government, or to a st   |                                | a public          |
| <del> </del>  | / such assets not disposed of shall   |                                |                   |
| competent ju  | risdiction of the county in which th  | e principal office of the orga | nization is ther  |
| located, excl | usively for such purposes, or to su   | ch organization or organizat   | ions, as          |
| said Court sh | nall determine, which are organized   | d and operated exclusively f   | or such           |
| purposes.     |   |                                |                   |
|               |   |                                | <del> </del>      |
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| The date of each amendmen                           | t(s) adoption: 8/31/2010  |
|---|---|
| Effective date <u>if applicable</u> :               | (date of adoption is required) 7/24/2010  |
|   | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                            | (CHECK ONE)   |
| The amendment(s) was/we was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval.  |
| There are no members or adopted by the board of di  | members entitled to vote on the amendment(s). The amendment(s) was/were rectors.  |
| DatedSignature                                      | 9/2/10<br>ButnWill  |
| (By   | the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) |
|   | Bret N. Wiechmann   |
|   | (Typed or printed name of person signing)   |
|   | President   |
|   | (Title of person signing)   |