# POS000135198

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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ALLIED H	EALTH EDUCATION CO	NSULTANTS, INC.			
DOCUMENT NUMBER: <u>P05000135198</u>	3				
The enclosed Articles of Amendment and fee	are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
David R. Ellis					
(Name	of Contact Person)				
David R. Ellis, Attorney					
(Firm/ Company)					
3233 East Bay Drive, Su	<del></del>				
	(Address)				
Largo, Florida 33771					
(City/ S	State and Zip Code)				
For further information concerning this matter	, please call:				
David R. Ellis		*** \			
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)			
Enclosed is a check for the following amount:					
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$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 Cir Tallahassee, FL 32301	rcle			



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 21, 2005

DAVID R. ELLIS DAVID R. ELLIS, ATTORNEY 3233 EAST BAY DR., STE. 101 LARGO, FL 33771

SUBJECT: ALLIED HEALTH EDUCATION CONSULTANTS, INC.

Ref. Number: P05000135198

We have received your document for ALLIED HEALTH EDUCATION CONSULTANTS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum Document Specialist

Letter Number: 305A00064211

## Articles of Amendment to Articles of Incorporation of

# ALLIED HEALTH EDUCATION CONSULTANTS, INC.

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

P05000135198	
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
NEW CORPORATE NAME (if changing):	
CORRIGAN EDUCATION CONSULTANTS, INC.	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Rumber and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	Ĩ
EE, AM	7
RATE DA	
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

(continued)

The date o	of each amendment(s)	adoption: _	Octo)	oer 14,	2005
Effective o	tate if applicable:				
	(n	o more than 90	days after	amendment	file date)
Adoption	of Amendment(s)	(CHEC	K ONE)		
	The amendment(s) was the amendment(s) by t				lders. The number of votes cast for cient for approval.
		ust be separa			lders through voting groups. The ach voting group entitled to vote
	"The number of vo	tes cast for t	he amen	dment(s) v	vas/were sufficient for approval by
	· · · · · · · · · · · · · · · · · · ·	(voting grou	ıp)		<u> </u>
	The amendment(s) was and shareholder action			board of	directors without shareholder action
<b>-</b>	The amendment(s) was shareholder action was			e incorpora	ntors without shareholder action and
	selected, appointed	by an incoppor I fiduciary by t	ator - if in that fiducia	the hands of ury)	ectors or officers have not been a receiver, trustee, or other court
	<i>P</i> .	AMELA (Typed	J.	DRRI name of per	Son signing)
		_			
		I'R		ENT	
			(Title c	f nerson sign	ning)

FILING FEE: \$35