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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | <i>⊋ #</i>) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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SECRETARY OF STATE
TALL AHASSE OF STATE

COVER LETTER

TO: Amendment Section **Division of Corporations**

| NAME OF CORPORATION: | Training Inc. |
|--|--|
| DOCUMENT NUMBER: POGO | 00047079 |
| The enclosed Articles of Amendment and fee are s | submitted for filing. |
| Please return all correspondence concerning this m | atter to the following: |
| Aymee 5, (Name of C | McCay ontact Person) |
| CNA Tra | Company) |
| P.O. BOX | 57512 dress) |
| Jacksonvill (City/State | e 7 32241 and Zip Code) |
| For further information concerning this matter, ple | ase call: |
| Hymee S. McCay (Name of Contact Person) | at (904) 710-7633 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount made | |
| \$35 Filing Fee \$\times \$43.75 Filing Fee \$\times Certificate of Status | \$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2009

AYMEE S. MACCAY CNA TRAINING INC POST OFFICE BOX 57512 JACKSONVILLE, FL 32241

SUBJECT: CNA TRAINING INC. Ref. Number: P06000047079

We have received your document for CNA TRAINING 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):

A post office box is not an acceptable address for the registered agent.

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) 245-6908.

property for the contract of t

Sylvia Gilbert Regulatory Specialist II

Letter Number: 709A00015517

RECEIVED

Articles of Amendment

Articles of Incorporation

(Name of Corporation as currently filed with

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida 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 "incorporated" or the abbreviation "Corp.," "Inc.," or Co. "Co". A professional corporation name must contain association," or the abbreviation "P.A." | .," or the designation "Corp," "Inc," or |
|---|--|
| 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)

2009 MAY 21 AM 2: 05

TAIL AHASSEE: FLORIDA

New Registered Office Address:

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.

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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--|--|--|---------------------------------------|
| 7 | flynee S. McCay | 8079 Village Godel JACKSONVILLE 7L 3221 | Add Remove |
| P | Michael McCay | 8079 Village Good Ct Jacksonville, 72 3221 | Addi Remove |
| <u>VP</u> | Michael McCay | SUTI VIllage Gode Ct. Jacksonville, 71 3721 | Add Remove |
| | iding or adding additional Articles, ente additional sheets, if necessary). (Be spec | | |
| | | | |
| | | | <u></u> |
| provis | imendment provides for an exchange, reions for implementing the amendment in not applicable, indicate N/A) | | |
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| and the second State State State of Sta | | | |

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|-------------------------------------|--|
| The date of each a | mendment(s) adoption: +\Pril 23, 2009 |
| . • ,Effective date <u>if ar</u> | plicable: April 23 2009 |
| | (no more than 90 days after amendment file date) |
| | |
| Adoption of Amen | dment(s) (CHECK ONE) |
| | (s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ders was/were sufficient for approval. |
| | (s) was/were approved by the shareholders through voting groups. The following statement ely provided for each voting group entitled to vote separately on the amendment(s): |
| "The numb | er of votes cast for the amendment(s) was/were sufficient for approval |
| by | |
| | (voing group) |
| The amendmen action was not i | (s) was/were adopted by the board of directors without shareholder action and shareholder equired. |
| The amendmen action was not a | (s) was/were adopted by the incorporators without shareholder action and shareholder equired. |
| E | Pated 4-73-09 |
| S | ignature Model May (By a director, president or other officer – if directors or officers have not been |
| | selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | |
| | (Title of person signing) |
| | (Title of person signing) |