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6/24/13

COVER LETTER

TO: Amendment Section Division of Corporations

. NAME OF CORPORATI	Sacred Heart	School of Nursing	& Allied Health Inc.
DOCUMENT NUMBER:	DOCOOOCEOO		
The enclosed Articles of Ai	mendment and fee are su	bmitted for filing.	
Please return all correspond	dence concerning this mat	ter to the following:	
Ch	arles Etienne		
		Name of Contact Persor	1
Sa	cred Heart Sch	nool of Nursing 8	& Allied Health
	· · · · ·	Firm/ Company	
32	00 N Federal F	lwy Suite 121	
		Address	
Во	ca Rtaon, Flori	da, 33431	
		City/ State and Zip Code	
sacreo	dheartson@gm	ail com	
300160		ed for future annual report	notification)
	2 man audiess. (to be us	ea tor tatare aimaar report	nothication)
For further information con	cerning this matter, pleas	e call:	
Charles Etienne	<u> </u>	at (786	, 423-7310
Name of Co	ntact Person		de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A			Address
	ent Section		ment Section
Division (P.O. Box	of Corporations 6327		n of Corporations Building
· · · · · · · · · · · · · · · · · · ·	ee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Sacred Heart School of Nu	irsing & Allied F	lealth Inc.		2813 JUN 20	PM 4: 41
(Name of Corporation as cu	rrently filed with the Flo	orida Dept. of State	9)	SECRETARY TALLAHASSI	OF STATE
	lumber of Corporation (if	known)		70	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corpo	ration ado	pts the following a	mendment(s) t
A. If amending name, enter the new name	of the corporation:				
SACRED HEART INTERN	ATIONAL INST	ITUTE INC.		Ti	ne new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional		ated" or the abbr	eviation
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>		N/A			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	ole: FICE BOX)	N/A			
D. If amending the registered agent and/o new registered agent and/or the new re	egistered office address:	ss in Florida, enter	the name	e of the	
Name of New Registered Agent	/A		 		
_	(Florida stree	et address)			
			Florida		
New Registered Office Address:	(City)	,	i ioriaa_	(Zip Code)	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		-	
Add			
Remove			1/10
2) Change			N/H
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional A ttach additional sheets, if necessary	y). (Be specific)
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	NIA
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<u>an amendment provides for an ex</u>	xchange, reclassification, or cancellation of issued shares,
rovisions for implementing the a	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A))
	1//
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature All C
(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)
appointed fiduciary by that fiduciary)
Charles Etienne
(Typed or printed name of person signing)
Administrator 7
(Title of person signing)