P09000101145

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		<u>COVER LETTER</u>		2
TO: Amendment Sect				
Division of Corpo	orations			The contract of the contract o
NAME OF CORPOR	RATION:International Allia	nce of Healthcare Educator	s, Inc.	M JW 10 M & 53
DOCHMENT NUM	BER:			3
				درگ
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Alex Jozefyk			
		Name of Contact Persor	1	
	International Alliance of Hea	dtheare Educators, Inc.		
		Firm/ Company		
	11211 Prosperity Farms Rd.,	Suite D-325		
		Address		
	Palm Beach Gardens, FL 333	110		
		City/ State and Zip Code	2	
alex j	ozefyk@iahe.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Alex Jozefyk		at (561	622-4334	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment 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)	
	iling Address		Address	
Amendment Section		Amend		
Division of Corporations P.O. Box 6327		Divisio Clifton		
Tallabassee FI 32314		266) Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



International Alliance of Healthcare Educators, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P09000101145 (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: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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:

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)

Remove

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; $C \Rightarrow$ 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 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 PT<u>John Doe</u> V X Remove Mike Jones \underline{X} Add \underline{SV} Sally Smith <u>Address</u> Type of Action Title Name (Check One) 8380 Woodsmuir Drive DPST John M Upledger 1) ____ Change West Palm Beach, FL 33412 ____ Add Remove VS Dawn Langues Shear 5704 Interbay Boulevard 2) ____ Change $^{\rm X}$ _ Add Tampa, FL 33611 Remove 2407 Bellarosa Circle Alex Jozefyk 3) ____ Change Royal Palm Beach, FL 33411 __ Add Remove 8176 SE Palm Street Kathleen J Woll 4) X Change Hobe Sound, FL 33455 ___ Add _ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ___ Add

attach additional sheets, if	necessary). (Be	specific)			
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f an amendment provide provisions for implemen (if not applicable, ind	ting the amendme	reclassification, ent if not contain	or cancellation o	f issued shares, ent itself:	
					
					<u>~ ~ .</u> .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ 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.	
6/15/17 Dated	
Signature (By a director, president or other officer – if directors or officers have not been	
(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)	
Alex Jozefyk	
(Typed or printed name of person signing)	
Т	
(Title of person signing)	