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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC 10 PM 3:53

Amend/Name  
Ch 8  
(a) 12/10/13

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HADASSAH COLLEGE OF NURSING

DOCUMENT NUMBER: 13000039996

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANOUH PAUL

Name of Contact Person

HADASSAH COLLEGE OF NURSING

Firm/ Company

3487 W. VINE STREET,

Address

KISSIMMEE, FL 34741

City/ State and Zip Code

nanouh.paul@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANOUH PAUL

Name of Contact Person

at 407

5351702

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 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

November 18, 2013

NANOUE PAUL  
HADASSAH COLLEGE OF NURSING INCORPORATED  
3487 W. VINE STREET  
KISSIMMEE, FL 34741

SUBJECT: HADASSAH COLLEGE OF NURSING INCORPORATED  
Ref. Number: P13000039996

We have received your document for HADASSAH COLLEGE OF NURSING INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

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

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 013A00026590

RECEIVED

13 DEC 10 AM 8:44

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

HADASSAH COLLEGE OF NURSING *Incorporated*

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

P13000039996

(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:

HADASSAH COLLEGE *Inc*

*The new 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)

3487 W. VINE STREET

KISSIMMEE, FL 34741

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

NANOUE SARAH NAPOLEON PAUL

3487 W. VINE STREET

(Florida street address)

New Registered Office Address:

KISSIMMEE

(City)

, Florida 34741

(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*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC 10 PM 3:50

**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 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      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PCEO</u>	<u>MAX J. PAUL</u>	<u>3487 W. VINE STREET</u>
<input type="checkbox"/> Add			<u>KISSIMMEE FL 34741</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VCFO</u>	<u>NANOUE S.N. PAUL</u>	<u>3487 WEST VINE STREET</u>
<input type="checkbox"/> Add			<u>KISSIMMEE FL 34741</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 11/05/2013, if other than the date this document was signed.

Effective date if applicable: IMMEDIATELY  
(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 12/5/13

Signature \_\_\_\_\_

(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)

Max J. Paul

(Typed or printed name of person signing)

PCEO

(Title of person signing)