P19000090622

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUNRISE UNIVE	RSITY, INC.	
	BER: P19000090622		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	LODOISKA GARCIA		
		Name of Contact Person	<u> </u>
	SUNRISE UNIVERSITY, IN		
		Firm/ Company	
	12171 SW 268 ST	. ,	
		Address	-
	HOMESTEAD, FL 33032		
		City/ State and Zip Cod	e
	lgarcia@americancare.net		
	E-mail address: (to be us	sed for future annual report	notification)
	n concerning this matter, pleas	se call:	
LODOISKA GARCIA	\	305 at (278-0200
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
X S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation

of

SUNRISE UNIVERSITY, INC. (Name of Corporation as currently filed with the Florida Dept. of State)[1]: P19000090622 (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: AMERICAN CARE UNIVERSITY, INC. 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." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (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: (City) 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 Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder

action was not required.

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.

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					
2) Change					
Add					
Remove 3) Change		- 			
Add					
Remove					
4) Change		-	.		
Add					
Remove					
5) Change					
Add					·
Remove					
6) Change					
Add					
Remove					

(Attach additional sheets, if necessary).	(Be specific)
N/A	
···	
 -	
··	
If an amendment provides for an exchange of the state of	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
Ά	
	
	

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 The date of each amendment(s) adoption: _	1/1/2020	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does document's effective date on the Department of		juirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the ame	endment(s) was/were sufficient for approva	1
by		
(ivo	ting group)	
	ident or other officer - if directors or officer	
selected/ by an inc appointed fiduciar	Orporator – if in the hands of a receiver, tru v by that fiduciary)	stee, or other court
	LUDOISKA GARCIA (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Secretary (Title of person signing)	
	(Title of person signing)	