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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TRI COUNTY SO	CHOOL OF NURSING IN	1C
DOCUMENT NUM	BER:P20000003781		
The enclosed Article:	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	FREDERICK DAULEY		
		Name of Contact Perso	n
	TRI COUNTY SCHOOL O	F NURSING INC	
		Firm/ Company	
	12980 SW 52 STREET		
	COLITIBATION DANGUES	Address	
	SOUTHWEST RANCHES	. <u>.</u>	
		City/ State and Zip Cod	e
	FDAULEY@HOTMAIL.CO		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
FREDERICK DAULEY		786	277-1850
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

TRI COUNTY SCHOOL OF NURSIN			
	of Corporation as curren	tly filed with the Florida Dept.	of State)
P2000003781			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc," or "Co".	A professional corporation na	or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
		-	
C. Enter new mailing address, if appl	<u>icable:</u>	N/A	
(Mailing address MAY BE A POST	OFFICE BOX)		
			e of the
D. If amending the registered agent at new registered agent and/or the new registered agent at			e of the
	N/A		
Name of New Registered Agent			
	· · · · · · · · · · · · · · · · · · ·	reet address)	
	(r fortur si	,	
New Registered Office Address:		(City)	Florida(Zip Code)
		(City)	(mp code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligations	of the position.
			
	Signature of New I	Registered Agent, if changing	
Check if applicable			

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)

Example:

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>Y</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	KAREN DAULEY	12980 SW 52ND STREET
Add	_		SOUTHWEST RANCHES
X Remove			FLORIDA 33330
2) Change	Р	FREDERICK DAULEY	12980 SW 52ND STREET
X Add			SOUTHWEST RANCHES
Remove Change			FLORIDA 33330
Add			
Remove			
‡) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

Attach additional sheets, if nee	ional Articles, enter ecessary). (Be spec	ific)		
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<u>-</u>				
an amendment provides fo	or an exchange, recl	assification, or cane	ellation of issued shar	es,
provisions for implementing (if not applicable, indicat	<u>g the amendment if</u> te N/A)	not contained in the	amendment itself:	
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JUNE 08, 2020
The date of each amendment(s) adoption:, 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 not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Dated
(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)
FREDÉRICK DAULEY
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)