## P2100000 47644

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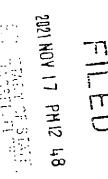
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A. RAMSEY

DEC 0 9 2021

## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Starlen College of	Nursing, Inc.		
	IBER: P21000047644			
	s of Amendment and fee are su	ibmitted for filing.		
Please return all con	espondence concerning this ma	itter to the following:		
	Arlene Grant			
		Name of Contact Persor	<u> </u>	
	Starlen College of Nursing			
	<del></del>	Firm/ Company		
	4300 North University Dr.			
	Address			
	Lauderhill, FL. 33351			
		City/ State and Zip Code	•	
	starlencollegeofnursing@gm	ail com		
		sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Arlene Grant		954 at (	593-544() Je & Daytime Telephone Number	
Name	of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depc	irtment of State.	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐I\$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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of



Starlen College of Nursing Inc.

tranten contege of transing, me.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State) (1977)	
P21000047644		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	4300 North University Dr., Suite D-204	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Lauderhill, FL 33351	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10580 NW 29TH MANOR	
	Sunrise, FL 33322	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Floridà)	rect address)	
New Registered Office Address:	Florida	
	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen Thereby accept the appointment as registered agent. They familiar	(t): with and accept the obligations of the position	
Signature of New .	Registered (gent, if changing	
Check if applicable	•	

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

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	I.L	John Doe		
X Remove	$\underline{V}$	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	JONES, VERGIL W. SR	7512 DR. PHILLIPS BLVD.	
Add			STE #50795	
Remove			ORLANDO, FL 32819	
2) Change				
Add			<del>_</del>	
Remove 3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

. The date of each amendmen	November 8, 2021 ht(s) adoption:, if other the
date this document was signed	
Effective date <u>if applicable</u> :	November 8, 2021
interve one <u>ir appreatite</u> .	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/we action was not required.	are adopted by the incorporators, or board of directors without shareholder action and shareholder
	ere adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the omendments):
"The number of vote	es cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
5	By a director, president or other officer – it directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ARLENE GRANT (Typed or printed name of person signing)

OWNER / PRESIDENT
(Title of person signing)