P24000038248



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Evolved Nursing Training Center Inc.					
	DOCUMENT NUMBER: P24000038248				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:			
	Monica Adelphonse				
		Name of Contact Person	n		
	Evolved Nursing Training Center				
		Firn√ Company			
	3063 sw Port St Lucie Blvd				
	Address				
	Port St. Lucie, FL 34953				
		City/ State and Zip Code	e		
	info@evolvednursingtrainingcenter.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Monica Adelphonse		at (3015741		
Name	of Contact Person	Area Co	de & 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	S43.75 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		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

Evolved Nursing Training Center Inc.		
(Name of Corporation as current	ly filed with the Flori	da Dept. of State)
P24000038248		
(Document Number of	of Corporation (if know	m)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corpor	eation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A		
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 corpor	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	op II
(
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		the name of the
Name of New Registered Agent N/A		
(Florida st	reet address)	
New Registered Office Address:		Florida
Sen Register Sylve Ann ess.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		ligations 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.

	sneets, if necessary).	(Be specific)				
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provisions for in	provides for an exc aplementing the amo able, indicate N/A)	hange, reclassific endment if not co	ation, or cancell ntained in the a	ation of issued mendment itse	shares, f:	

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 Doc	
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	D	Ruth Italien	422 nw Biltmore street
X Add			Port St. Lucie, FL 35983
Remove			
2) Change		_	
Add			
Remove 3.) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

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The date of each amendment(s) adoption date this document was signed.	otion: (5/12/2024)	, if other than the
Effective date if applicable: 06/12/2	024 (no more than 90 days after amendment file da	tai
	ino more inan 90 tays after amenament fite da	(6)
Note: If the date inserted in this bloc document's effective date on the Depa	k does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes east for the acient for approval.	nmendment(s)
	yed by the shareholders through voting groups. The follow th voting group entitled to vote separately on the amendm	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
bv	(voting group)	
•	(voting group)	
Dated	Mar John	1
selected, b	etor, president or other officer — If directors or officers have by an incorporator — if in the hands of a receiver, trustee, of fiduciary by that fiduciary)	
Ме	onica Adelphonse	
_	(Typed or printed name of person signing)	<u></u>
Di	rector/Registered Agent	
	(Title of person signing)	