P9400057169

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



600271716636

04/16/15--01021--001 **35.00

TS APR 16 AH 7: LS

C.V. 20,15

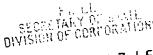
COVER LETTER

:#

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Health Education	Solutions, Inc.
DOCUMENT NUMBER: Unknown	P94000057169
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this man	tter to the following:
Daniel F. Kaplan	
<u></u>	Name of Contact Person
Perry Law Firm	
	Firm/ Company
233 S. 13th Street, Suite 14	00
***************************************	Address
Lincoln, NE 68508	
	City/ State and Zip Code
dkaplan@perrylawfirm.com	sed for future annual report notification)
E-man address. (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Daniel F, Kaplan	at (_402) 476-9200
Name of Contact Person	Area Code & Daytime Telephone Number
	·
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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

Articles of Amendment to Articles of Incorporation of



15 APR 16 AM 7: 45

Health Education Solutions, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P94000057169 Document Number of Corporation (if known) Unknown 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: Nelnet Real Estate Ventures, 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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) , Florida_ New Registered Office Address: 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

N/A

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	<u>PT</u>	John Doe	
X Remove	<u>V</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	N/A	N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			

(Attach a	<mark>ling or adding additio</mark> dditional sheets, if nece	essary). (Be spec			
N/A					
				·	
	 				
		<u> </u>			
<u> </u>					
	· · · · · · · · · · · · · · · · · · ·				
If an amo	endment provides for	an exchange, recl	assification, or ca	ncellation of issue	d shares.
provisio	ons for implementing t	the amendment if	not contained in t	he amendment its	elf:
(if n	not applicable, indicate	N/A)			
N/A					

				,	

April 1, 2015 The date of each amendment(s) adoption: if other than the date this document was signed. April 30, 2015 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) X [The amendment(s) was/were adopted by the shareholders. The number of votes east 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 (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_April 7, 2015 Signature (By 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) James D. Kruger (Typed or printed name of person signing)

Treasurer

(Title of person signing)