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19 DEC 13 PA 2: 16

JAN 16 2020 C OFFICILIZED

COVER LETTER

		COVER LETTER		
ΓΟ: Amendment Section Division of Corporations	·			19 DC 13 PA 2: 16
NAME OF CORPORATION:	aylor College, Inc.			OC STATE
DOCUMENT NUMBER: P9900				6 P. C.
				3
The enclosed Articles of Amendme	ent and fee are sub	emitted for filing.		G. A.
Please return all correspondence co	oncerning this mat	ter to the following:		•
Jeffrey Geor	geson			
		Name of Contact Person		
Taylor Colle	ege, Inc.	,		
		Firm/ Company		
5190 SE 12:	5th Street			
Belleview, I	FL 34420	Address		
		City/ State and Zip Code		
jeff.georgeson@ta	ylorcollege.edu			
E-mail	address: (to be use	ed for future annual report	notification)	
For further information concerning	this matter, please	e call:		
Amy DiNella		at (³⁵²	245-4119	
Name of Contact Po	erson		de & Daytime Telephone Number	
Enclosed is a check for the followi	ng amount made p	payable to the Florida Depa	ertment of State:	
	75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

Taylor College, Inc.			6
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)	0, 30
P99000103559			- C - ()
	(Document Number of	of Corporation (if known)	3
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follo	wing amending
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
	Corp." "Inc," or "Co".	company," or "incorporated" or the abbrev A professional corporation name must co "	viation "Corp.,"
B. Enter new principal office address,	if annlicable:	5190 SE 125th Street	
(Principal office address MUST BE A S		Belleview, FL 34420	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		5190 SE 125th Street	
		Belleview, FL 34420	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	Jeffrey Georgeson		
<u></u>	5190 SE 125th Street		
	(Florida st	reet address)	
New Registered Office Address:	Belleview	. Florida	20
resi registera omce nauresi.			(Zip Code)
			•
New Registered Agent's Signature, if c I hereby accept the appointment as regist		t: with and accept the obligations of the posite	ion.
	A)		
	Signature of New I	Registered Agent, if changing	

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.

Mike Jones, V as Remove, Example:	and Sali	ly Smith, S	SV as an Add.	
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P	_	Rebecca A. Jones, PhD, RN, NEA-Bt	5190 SE 125th Street
Add				Belleview, FL 34420
X Remove				
2) Change	P	_	Jeffrey Georgeson, President	5190 SE 125th Street
X Add				Belleview, FL 34420
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	-	_		
Add				
Remove				
6) Change		_		
Add				
Remove				
			Page 2 of 4	

E. <u>I</u> 1	<u>f amendi</u>	ng or a	dding :	<u>additional</u>	Articles,	<u>enter c</u>	hange(s)	<u>here</u> :
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(Attach	additional	sheets.	if necessary	,) <u>.</u>	(Be s	pecific)
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shar provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	es,
N/A	
	<u>. </u>
Page 3 of 4	
The date of each amendment(s) adoption: N/A date this document was signed.	, if other than th
Effective date if applicable:	

(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 a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	."
	(voting group)
■ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	19
selec	Hirector, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	Jeffrey Georgeson
	(Typed or printed name of person signing)
	President
	(Title of person signing)