

N 15 000009937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

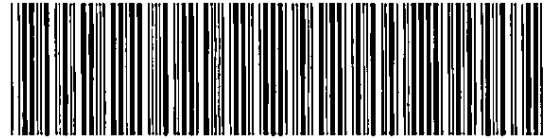
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C. GOLDEN
MAR 18 2019



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: 120000000088

Date: March 15, 2019

Name: KEN HOWELL

Reference #: 1057259

Entity Name: ORGANIZATION FOR ASSOCIATES DEGREE NURSING, INC.

Articles of Incorporation/Authorization to Transact Business

Amendment

~~Change of Agent~~

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

ISSUES? CALL
KEN:
518-213-0738

19 MAR 15 PM 4:27

Authorized Amount: ALREADY PAID

Signature: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2019

COGENCY GLOBAL

SUBJECT: ORGANIZATION FOR ASSOCIATES DEGREE NURSING, INC.
Ref. Number: N15000009937

We have received your document for ORGANIZATION FOR ASSOCIATES DEGREE NURSING, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 019A00005184



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2019

COGENCY GLOBAL

SUBJECT: ORGANIZATION FOR ASSOCIATES DEGREE NURSING, INC.
Ref. Number: N15000009937

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist-II

Letter Number: 419A00005011

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Organization for Associates Degree Nursing, Inc.
2. The principal office address: 219 second Avenue, Suite B Edwardsville IL 62025
3. The mailing address (if different): P.O. Box 928380 San Diego CA 92192-8380
4. Date of incorporation/qualification: 7/28/1986 Document number: N15000009937
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jon Dancy
7794 Grow Drive
Pensacola FL 32514

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COGENCY GLOBAL INC.
115 North Calhoun Street, Suite 4
P.O. Box NOT acceptable
Tallahassee Florida 32301

2019 MAR 15 AM 9:39

FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Donna Meyer Donna Meyer CEO
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] ASST. SECRETARY 3/12/2019
Signature of Registered Agent Date

If signing on behalf of an entity:

Ken Howell
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314