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Addition

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OT FOR PROFIT) CORPORATION

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NAME

AMERICANS FOR CHILD CARE AN END POVERTY (A N Principal Place of Business Mailing Address 5557 WEST OAKLAND PARK BOULEVARD 7531 S.W. 28TH STREET-LAUDERHILL FL 33313 DAVIE FL 33314 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 103 4. FEI Number APPLIED FOR City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIEBERMAN, MYRON (P.O. Box Number is Not Acceptable), -7531 S.W. 28TH STREET DAVIE FL 83314 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PDM TITLE ☐ Delete TITLE Change ☐ Addition LIEBERMAN, MYRON NAME NAME STREET ADDRESS STREET ADDRESS <del>7531 S.W. 28TH STREET</del> CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 Peter muois. TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS he Pinos H 33026. CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS Pines. 71.33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

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