			 7/1
DOCUMENT # N9900006920 1. Entity Name	44	3	FILED May 03, 2000 8:00 am
SUNSHINE AFTER SCHOOL CHILD CARE, INC.		-	Secretary of State
			 04-10-2000 90053 012 ****61 25

## Principal Place of Business ## SMA GRANGE DR. ## DAVIE PL 25314 2. **Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite	SUNSHINE AFTER SCHOOL CHILD CARE, INC.				Secretary of State 04-10-2000 90053 012 ****61.25					
DAVIE R. 33314 DAVIE R. 3314 DAVIE	Principal Place	of Business	Mailing Address			7	04-10-2000 9	0053 012 ***	*61.25	
Suite, Apt. # 802. City & State City & State City & State City & State Country Specification of Status Desired Management Managem										
Suite, Apt. # 802. City & State City & State City & State City & State Country Specification of Status Desired Management Managem	2 Principal Pl	ace of Business	3 Mailing Address							
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Post Addition Proceedings Proceding	Suite, Apt.	#, etc.					DO NOT WRITE IN TH			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 100	City & State		City & State			4. FEI Number	978440	/ —		
GOTTLER, BRUCE M ESO 125 N. 46TH AVE. HOLLTWOOD FL 33021-8601 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 Fiorida. SIGNATURE SIGNATURE	Zip		Zip			5. Certificate o	f Status Desired	\$8.75 Addi Fee Required	tional	
GOTTLEB, BRUCE M ESQ 12S N. 46TH AVE HOLLYWOOD FL 33021-6801 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 Flor da. SIGNATURE City			Registered Agent			7. Name and A	Address of New Register	red Agent		
SIGNATURE DOLLARS DOLLARS DELICION SIGNATURE DOLLARS DELICION STREET ADDRESS CITY-ST-2P DOLLARS DELICATION STREET ADDRESS CITY-ST-2P DOLLARS STREET ADDRESS CITY-ST-2P STREET ADDRESS STRE	125 N. 461	TH AVE.			Street Address	COSHTY SCO. BOX Number	JAM CE is Not Acceptably IN CE DRY	FL 733	ny f	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE	SIGNATURE .	FILE NOW:	9. Election Campaig	ote: Registere gn Financii	Agent speature requi	.00 May Be	Make Che	eck Payable to		
TITLE Change Delete CED Delete Delete			1	E a a "		ADDITIONS (CH	NIGES TO DEFICERS AN	D DIRECTORS IN	10	
TITLE Secretary / Director Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE - Treasurer / Director Delete STREET ADDRESS CITY-ST-ZIP MAME George H. Friedman Street STREET ADDRESS CITY-ST-ZIP TITLE Director Delete TITLE Craig Doughty STREET ADDRESS CITY-ST-ZIP TITLE Director Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRE	TITLE NAME STREET ADDRESS	President / CEO Janice Doughty & 741 Orange Drive	□ Defete	TITLI NAM STRE	E ET ADORESS	ADDITIONS/CAP	INDES TO OFFICERS AN			CR2E037 (9/99)
TITLE - Treasurer / Director Delete TITLE Delete Addition Delete Addition Delete Delete Delete Delete Director Delete Delete Director Delete Delete Director Delete Delete Director Delete Delete	NAME STREET ADDRESS	Secretary / Director Michael Merino 6745 Orange Drive	☐ Delete	nam Stre	eet address			Change	Addition	5
TITLE NAME Craiq Docighty STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	Treesurer/Director George H. Friedman 5981 Funston Street	↑ ↑ Delete	nam Stri	AE EET ADDRESS	·		Change	☐ Addition	
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NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			NAM Str	ME IEET ADORESS			☐ Change	Addition	
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 acquirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP			TATO NAI STR CAT	LE ME REET ADDRESS Y-ST-ZIP				Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under paint, that it all it all the control 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED April 18, 2000 (954)316-8940

SIGNATURE AND TYPED ON PERINTED NAME OF SIGNING OFFICER ON DIRECTOR

Janice Dought, (President | CEO) Cel (954) 295-2267