

PO80000010710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

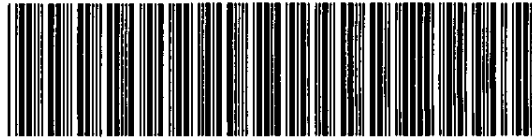
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 20 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMANDA'S Child Care And Preschool Inc
Name of Corporation

DOCUMENT NUMBER: P08000010710

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH W CORNECK
Name of Contact Person

AMANDA'S Child Care And Preschool Inc
Firm/Company

1133 A GRANWOOD ROAD
Address

DALTON FL 32720-2133
City/State and Zip Code

bti@biztaxpros.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH W CORNECK at (386) 216 2391
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

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: AMANDA'S CHILD CARE AND PRESCHOOL INC
2. The principal office address: 123 W RTHOR ISLAND AVE
ORANOA CITY, FL 32763
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/25/2008 Document number: PO 8000010710

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)

MICHAEL J CATERING
125 BUFORD AVE
ORANOA CITY, FL 32763

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

JOSEPH W CORNECK
1133 A GREENWOOD ROAD
DA LAM, FL 32720-2132

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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.

Joseph W Corneck
Signature of an officer or director

JOSEPH W CORNECK D, P, T
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.

Joseph W Corneck
Signature of Registered Agent

2/14/12
Date

If signing on behalf of an entity:

Typed or Printed Name

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