## P10000017590

(Req	juestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phon	e #)
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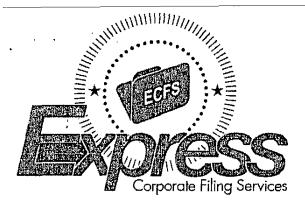
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ACKNOWLEDGE

C.COULLIETTE

Aug 26 2011

EXAMINER





1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

Examiner's Initials

C	RPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):
1.	a day care of Homestead, INC.
2.	(Comporation (Marrie) (Documentar) (P1000017590)
۷.	(Corporation Name) (Document #)
3.	(Corporation Name) (Document #)
4.	
	(Corporation Name) (Document #)
	Walk in Pick up time Certified Copy
	Mail out Will wait Photocopy Certificate of Status
[	NEW FILINGS AMENDMENTS
ſ	Profit X Amendment
	NonProfit Resignation of R.A., Officer/ Director
	Limited Liability Change of Registered Agent
	Domestication Dissolution/Withdrawal
	Other Merger
	OTHER FILINGS REGISTRATION/
	Annual Report QUALIFICATION
	Fictitious Name Foreign
	Name Reservation Limited Partnership
_	Reinstatement

Trademark

Other

## Articles of Amendment to Articles of Incorporation of

## A DAY CARE OF HOMESTEAD, INC.

(Name of Corporation as cur		-	of State)	
P1	0000017590			
	umber of Corporati	ion (if known)		
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporations		es, this <i>Florida I</i>	Profit Corporation ad	opts the following
A. If amending name, enter the new name	of the corporatio	<u>n:</u>		
				The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pl	he designation "Č	orp," "Inc," or "(	Co". A professional	ed" or the corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF				NECKETARY OF STATE OF AUG 26 PM 22: 00
D. If amending the registered agent and/or new registered agent and/or the new reg			la, enter the name of	
Name of New Registered Agent:	OSVALDO F	ERRER		
New Registered Office Address:	17 N.E. 1ST I (Florid	ROAD da street address)		
	HOMESTEAD (City)	)	, Florida <u>3303</u> (Zip Code)	30
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	agent. I am famil		pt the obligations of th	ie position.

Page 1 of 3

Signature of New 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
P/S	JOSE E. HENANDEZ, JR.	17 N.E. 1ST ROAD HOMESTEAD . FL 33030	☐ Add ☐ Remove
<u>P</u>	OSVALDO FERRER	17 N.E. 1ST ROAD HOMESTEAD, FL 33030	☑ Add □ Remove
<u> </u>	MARLENE FERRER	17 N.E. 1ST ROAD HOMESTEAD, FL 33030	_ ☑ Add □ Remove
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be speci		
<u>provisio</u>	endment provides for an exchange, rec ns for implementing the amendment if		
(if no	t applicable, indicate N/A)		

The date of each amendment	t(s) adoption: AUG. 24, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date ir applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	,,,
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	JOSE E. HENANDEZ, JR
	(Typed or printed name of person signing)
	P/S
	(Title of person signing)