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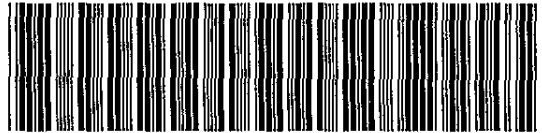


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C

T BROWN MAY 12 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Community Child Care Resources, Inc

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela C. King
(Name of Contact Person)

Childcare Resources of Indian River, Inc.
(Firm/ Company)

1801 24th Street
(Address)

Vero Beach, FL 32960
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Pamela C. King at (772) 567-3202
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
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enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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05 MAY -5 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of corporation as currently filed with the Florida Dept. of State)

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: April 26, 2005

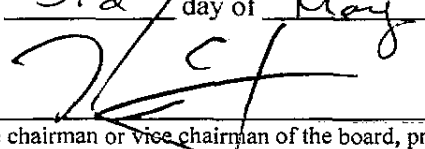
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 3rd day of May, 2005.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

THOMAS C. YONGE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35