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|--|--|-----------------|-----------------------------------|------------|
| FEI Number: 26-1933488 | | | Certificate of Status Desired: No | |
| Name and Address of Current Registered Agent: | | | | |
| CATERINY, MIKE J 125 BUFORD AVE. ORANGE CITY, FL 32763 US | | | | |
| 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. | | | | |
| SIGNATURE | : MIKE J. CATERINY | | | 04/22/2013 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | VS | Title | PTD | |
| Name | CORNECK, AMANDA | Name | CORNECK, JOSEPH W | |
| Address | 1133 A GLENWOOD RD | Address | 1133 A GLENWOOD RD | |
| City-State-Zip: | DELAND FL 32720-2133 | City-State-Zip: | DELAND FL 32720-2133 | |
| Title | TREASURER, SECRETARY | | | |
| Name | CATERINY, MIKE J | | | |
| Address | 125 BUFORD AVE | | | |
| City-State-Zip: | ORANGE CITY FL 32763 | | | |

Current Mailing Address: 125 BUFORD AVE ORANGE CITY, FL 32763

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIKE J. CATERINY

OWNER, SECRETARY

04/22/2013

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010710

Entity Name: AMANDA'S CHILDCARE AND PRESCHOOL INC

Current Principal Place of Business:

123 W. RHODE ISLAND AVE. ORANGE CITY, FL 32763

FILED Apr 22, 2013 Secretary of State CC2958215025

Date