of
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Th h, in the State of Florida.

SIGNATURE	E: JAMES VOSS			04/02/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VP	
Name	PETROSKE, PAUL F	Name	PETROSKE, HEIDI	
Address	13347 COPPER AVE	Address	13347 COPPER AVE	
City-State-Zip:	PORT CHARLOTTE FL 33981	City-State-Zip:	PORT CHARLOTTE FL 33981	

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: PAUL PETROSKE

Electronic Signature of Signing Officer/Director Detail

Entity Name: MISS HEIDI'S LEARNING CENTER, INC.

DOCUMENT# P11000015450

3691 SOUTH ACCESS ROAD ENGLEWOOD, FL 34224

Current Mailing Address: 3691 SOUTH ACCESS ROAD ENGLEWOOD. FL 34224

Current Principal Place of Business:

FILED Apr 02, 2019 **Secretary of State** 1181220376CC

of Status Desired: No

PRESIDENT

Date