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

SIGNATURE: LEO A. MCINNIS

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

	Title	MGR	Title	AMBR
	Name	MCINNIS, LISKA D	Name	MCINNIS, LEO A
	Address	12033 PINE CLUB CIRCLE	Address	12033 PINE CLUB CIRCLE
	City-State-Zip:	WEEKI WACHEE FL 34614	City-State-Zip:	WEEKI WACHEE FL 34614
	Title	AP		
	Title Name	AP MCINNIS, KIARA S		
	Name	MCINNIS, KIARA S		

SIGNATURE:

12033 PINE CLUB CIRCLE	
WEEKI WACHEE, FL 34614 US	

FEI Number: 47-4560200

Current Mailing Address:

DOCUMENT# L15000123984

12033 PINE CLUB CIRCLE WEEKI WACHEE. FL 34614

Current Principal Place of Business:

Name and Address of Current Registered Agent:

MCINNIS, LISKA D 12033 PINE CLUB CIRCLE WEEKI WACHEE, FL 34614 US

Entity Name: PRIDE AND JOY FAMILY CHILDCARE HOME, LLC

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.

oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 03/25/2016 AMGR

Date

Date

FILED Mar 25, 2016 Secretary of State CC0787447702

Certificate of Status Desired: No