1/24/00-90030-028-$61.25-$61.25

DOCUMENT # P02284

1. Entity Name

SPIRIT OF CHRIST CHILD DEVELOPMENT CENTER, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
01-24-2000 90030 028 ****61.25

Principal Place of Business	Mailing Address
18801 W. DIXIE HIGHWAY MIAMI FL 33180	18801 W. DIXIE HIGHWAY MIAMI FLA 33180-2633

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1024806 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMB, REGINA T 18801 WEST DIXIE HIGHWAY N MIAMI BEACH, FL NORTH MIAMI BEACH FL 33180	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMB, REGINA T 188801 WEST DIXIE HIGHWAY MIAMI, FL 00000	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAMB, CECIL 18801 W. DIXIE HWY MIAMI, FL 00000	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JAMES 18801 W DIXIE HWY MIAMI, FL 00000	☒ Delete	T LaJuana Honer 2540 NE 190th Street No. Miami Bch, Fl. 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERTSON, ELSIE 18801 W DIXIE HWY MIAMI, FL 00000	☒ Delete	T Shawawn Crockett 1905 NW 57 St Miami, FL 33142	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAMB, CORVIN 18801 W DIXIE HWY MIAMI, FL 00000	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Regina T. Lamb SIGNATURE REQUIRED 1-16-2000 954-435-5380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #