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Amend

MAR 1 9 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Start	ling School & Day Care
DOCUMENT NUMBER:	5 602
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Car	Olyn & Cloud
Sta	Wing School & Day Care
	Find/ Company Let 5- 28 St 50
St, f	Peters burg 21
$\overline{\rho}$	City/ State and Zip Code
Caralyn	loud 98 Q gnail , Com
E-mail address; to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Name of Contact Person	at (<u>Area Code & Daytime Telephone Number</u>
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of An	nendment	n 0 '-	cr
to Articles of Inco	rnoration	100	•
Starling School	AND Day	cen'	e_
(Name of Corporation as currently	filed with the Florida Dept.	of State)	
125	602		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	<i>lorida Profit Corporation</i> ad	opts the following amend	ment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	Co". A professional corpora		ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2018 H2: 15 FA	コーコーのロ
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the nam		Л
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address:		Florida	
(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations	of the position.	
Signature of New Re	gistered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
_X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	IR	Nicole Ford	3125-Grant CI Jacksonville Ark
Add Remove			Jacksonville Ark 13076
2) Change		 	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional sheets, if necessary). (Be specific)
	That Nicole S. Ford and
	Karen Anita Welfe names
<u>-</u>	and alle to thecking accoun
	Corre Conge 100 10 100 Corres
	along With Coarolyn S. (loud)
·	
-	
<u>If an a</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,
provi	ions for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)

The date of each amendment(s) adoption: Man the
Effective date if applicable: Mach 30, 2018
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_ March 2, 2018
Signature Carolyn S. Cloud
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Carolyn S. Cloud
(Typed or printed name of person signing)
resident
(Title of person signing)