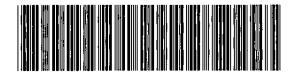
840413

(Requestor's	Name)			
(Address)				
(Address)				
(City/State/Zi	p/Phone #)			
PICK-UP W	AIT MAIL			
(Business Er	ntity Name)			
(Document Number)				
Certified Copies Ce	rtificates of Status			
Special Instructions to Filing Officer:				
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2008 JAN 15 PH 3: 44 SECRETARY OF SAME SO



ON SERVICE COMPANY.				
ACCOUNT NO. : 072100000032				
REFERENCE : 398183 7586743				
AUTHORIZATION: Spells de man				
COST LIMIT : \$ 35.00				
ORDER DATE : January 11, 2008				
ORDER TIME : 11:39 AM				
ORDER NO. : 398183-045				
CUSTOMER NO: 7586743				
CHANGE OF AGENT				
NAME: CHILDTIME CHILDCARE, INC.				
NAME: CHIEDITME CHIEDCARE, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Kathy Drake				
EXAMINER'S INITIALS:				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of $\overline{111}$ registered agent, or both, in the State of Flori	inois
1. The name of	the corporation: CHILDTIME	CHILDCARE, INC.	
2. The principal 21333 Ha	office address:aggerty, Suite 300, Novi, N	MI 48357	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 04/10/19	078	
	d street address of the current regist treet of State:	tered agent and registered office on file with	the
	C T Corporation System		
	1200 S. Pine Island Road		ZOOR T
	Plantation, FL 33324		語
6. The name and (if changed):	i street address of the new registere	ed agent (if changed) and /or registered office	2008 JAN 15 PH 3: 44 SECRETARY OF STATE TALLAHASSEE, FLORIT
	Corporation Service Com	npany	ORIE ORIE
	1201 Hays Street		7.°
	(P.O. Box NOT ac	ceptable)	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its r	egistered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an of een notified in writing of the change.	fficer so
Music (Signatu	ure of an officer or director)	Maureen Cullen, Attorney (Printed or typed name and title	
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang s been notified in writing of this ci tion Service Company	rent and agree to act in this capacity. all statutes relative to the proper and compl he obligation of my position as registered a e in the registered office address, I hereby hange.	lete performance agent. Or, if this confirm that the
By:	Company	January 9, 2008	
Signing on he	gnature of Régistered Agent) half of an entity:	(Date)	
	opet, Asst. VP		
	Typed or Printed Name)	•	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *