J70295

(Danisa da Nassa)
(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
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2019 NAR 18 P 3 4 E

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CARROLL WOOD VILLAGE KINDERGARTEN & DAY NORSERY IN					
DOCUMENT NUMBER:					
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	itter to the following:			
1	MONICA ZIMMER LAWS	ON			
-	Name of Contact Person				
;	ZIMMER ACCOUNTING SERVICE INC				
_	Firm/ Company				
	2403 W STATE STREET				
_	Address				
-	TAMPA FL 33609				
_		City/ State and Zip Code	e		
monica	alawson@zimmeraccounting	3. сопі			
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea-	se call:			
MONICA ZIMMER LAWSON at (813					
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address iment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	VI	
CARROLLWOOD VILLAGE KINDER	GARTEN & DAY NURSERY INC	FILED
(Name	of Corporation as currently filed with the Florida De	pt. of State)
	J70295	2019 MAR 18 P 3
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corporation</i>	SECREDARY OF STA adopts the following anguing
A. If amending name, enter the new na	ame of the corporation:	
		The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa		
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
 If amending the registered agent an new registered agent and/or the new 	d/or registered office address in Florida, enter the na	ime of the
	RACHEL P CHALUISANT	
Name of New Registered Agent		
	15018 SHAW RD	
	(Florida street address)	
New Registered Office Address:	TAMPA	, Florida 33625
	(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and accept the obligatio	ons of the position.
	P. P. Chaluist	
	Signature of New Registered 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 <math>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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MARLENE PEEK	11607 HIGHBURY WAY
Add X Remove			TAMPA FL 33626
2) X Change	р	RACHEL P CHALUISANT	15018 SHAW RD
Add			TAMPA FL 33625
Remove 3) Change	P	RACHEL P CHALUISANT	15018 SHAW RD
X Add			TAMPA FL 33625
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
if an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:

MARCH 6, 2019	ie a a a
The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 day	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The num by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s	oting groups. The following statement eparately on the amendment(s):
"The number of votes east for the amendment(s) was/were suff	
by	<u> </u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without s action was not required.	hareholder action and shareholder
MARCH 6, 2019	
Signature // Marlene	Peck
(By a director, president or other officer -	
selected, by an incorporator – if in the han appointed fiduciary by that fiduciary)	ds of a receiver, trustee, or other court
_) "
Marlene F	eek
(Typed or printed name	of person signing)
Plesio	
(Title of per	rson signing)