FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 06, 2000 8:00 am Secretary of State DOCUMENT # K67080 1. Entity Name KENNEDY CHILD CARE, INC. 03-06-2000 90022 009 ***150.00 Mailing Address Principal Place of Business 2202 S.E. 5TH TERRACE 1412 SE 16 PLACE C0032592 CAPE CORAL FL 33990 CAPE CORAL FL 33990-2719 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0101757 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROYSTON, ROBERT D., JR. Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD., #101 FT. MYERS FL 33907 City 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE KENNEDY, JAMES M. NAME 2202 S.E. 5TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Delete TITLE Change Addition TITLE KENNEDY, MARIANITA M. NAME NAME STREET ADDRESS 2202 S.E. 5TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like, empowered.

SIGNATURE: