DOCUMENT # L00000000272

1. Entity Name

NEW BEGINNING KIDS STOP CHILD DEVELOPMENT CENTER

Principal Place of Business	Mailing Address
1252 KEYSTONE COURT AUBURNDALE FL 33823	1252 KEYSTONE COURT AUBURNDALE FL 33823

2. Principal Place of Business
519 Ash St.
Suite, Apt. #, etc.

3. Mailing Address
212 E. Park St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Auburndale FL
Zip 33823   Country

City & State Auburndale
Zip 33823   Country

4. FEI Number   59-3613435   Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
HOWELL, TERRIE L 212 E. PARK STREET AUBURNDALE FL FL338-23	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 $50.00
Make Check Payable to Department of State

200004475582--3
-07/16/01--01004--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		**10.** ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terrie L. Howell -MGR ☐ Delete 1252 Keystone Ct. Auburndale, FL 33823	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Terrie L. Howell_   4/18/01   863-965-7291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #