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NOV 1 3 2013 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KOUN	TRY KID	S DAYO	CARE, INC.		
DOCUMENT NUME	BER:					
The enclosed Articles	of Amendment and fee a	re submitted for	filing.			
Please return all corres	spondence concerning thi	s matter to the fe	ollowing:			
	JUSTIN G. E	BROOK,	ESQ.			
	KRAMER &	GOLDE		1		
	1175 NE 12		TE 512			
	N. MIAMI, F	LORIDA	Address 33161			
City/ State and Zip Code JGB@KGPALAW.COM E-mail address: (to be used for future annual report notification)						
For further informatio	n concerning this matter,	please call:				
JUSTIN G.	BROOK, ES	SQ.	at (305	899-1800		
Name		Area Code & Daytime Telephone Number				
Enclosed is a check for	r the following amount n	nade payable to	the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee Certificate of Stat	us Certifi	5 Filing Fee & led Copy ional copy is sed)	S\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>Ma</u> Am Div P.O Tall		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

KOUNTRY KIDS DAYCARE, INC.

	<u> </u>				
(Name of Corporation as	currently filed with the Flo	orida Dept. of Stat	<u>e</u>)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2
(Documen	t Number of Corporation (if	known)			ٔ در
ursuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Iorida Profit Corp	oration adopts the	following ame	Pane Produce 2:
If amending name, enter the new na	me of the corporation:				42
me must be distinguishable and cont orp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or "C	lo". A professiona			
Enter new principal office address, rincipal office address MUST BE A S					
Enter new mailing address, if appli (Mailing address MAY BE A POST of	<u>cable:</u> OFFICE BOX)				
If amending the registered agent an new registered agent and/or the new			er the name of the	<u>e</u>	
Name of New Registered Agent	JUSTIN G. BROC	K, ESQ.			
	KRAMER & G	<u>.</u>	P.A		
New Registered Office Address:	(Florida stre	,	_, Florida_331	61	
	(City)		(Zip	Code)	
ew Registered Agent's Signature, if chereby accept the appointment as regist	ered agent I am familiar w		obligations of the	position.	
Siz	gnature of New Registered A		ok. Ao		

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.

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>	Name	Address				
1) Change	Р	HOSFORD, CAROLYN M.	254 SW QUINCY TERR				
Add			LAKE CITY, FL 32024				
Remove							
2) Change	S	COWEN, CARLA	241 SW MARYLAND LN				
Add			LAKE CITY, FL 32025				
Remove							
3) Change	VP ——	HOSFORD, THOMAS E.	254 SW QUINCY TERR				
Add			LAKE CITY, FL 32024				
Remove							
4) Change	P/T	MEDINA, EDUARDO	1468 SOUTH MARION AVE				
Add			LAKE CITY, FL 32025				
Remove							
5) Change	VP/S	HARRELL, SHEA	1468 SOUTH MARION AVE				
✓ Add			LAKE CITY, FL 32025				
Remove							
6) Change							
Add	***						
Remove							

Atta	ch additional	dding addition sheets, if neces	isary). (Be specific)				
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If ar	n amendmen	t provides for	an exchan	ge, reclassi	fication, or o	ancellation o	of issued shar	res,
pro	if not appli)	mplementing t icable, indicate	ne amenu N/A)	ment II not	contained if	i the amenui	ient itsen:	
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				···				
			·					
	 	, .						

	loption:	if other than the
date this document was signed.		
Effective date if applicable:		
•	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated OCTOB	ER 31, 2014	
Dated	21 1	
Signature	The state of the s	
(By a d	rector, president or other officer - if directors or officers have not been	
	d, by an incorporator - if in the hands of a receiver, trustee, or other court ded fiduciary by that fiduciary)	
•	• •	
	EDUARDO MEDINA	
	(Typed or printed name of person signing)	
•	PRESIDENT & TREASURER	
	(Title of person signing)	· ·