L29610

| (Requestor's Name) |
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| |
| (Address) |
| |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| · · · · · · |
| (Document Number) |
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| Certified Copies Certificates of Status |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Amend

OCT 27 2016 I ALBRITTON

TO: Amendment Section **Division of Corporations**

| NAME OF CORPOR | ATION: Kountry Kids Day | Care INC. | |
|--------------------------|--|--|--|
| DOCUMENT NUMB | j | 29610 | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | Eduardo Medina | | |
| • | | Name of Contact Person |) |
| | Kountry Kids Day Care INC | | |
| • | | Firm/ Company | |
| | 1468 S Marion AVE | | |
| - | | Address | |
| | Lake City Fl, 32025 | | |
| • | • | City/ State and Zip Cod | e |
| sneedo | eraft351@gmail.com | | |
| | | sed for future annual report | notification) |
| | concerning this matter, pleas | | 752 5412 |
| Eddie Medina | | at (|) 752-5412 |
| Name o | f Contact Person | Area Co | 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) |
| Ame Divis P.O. | ing Address Indment Section Indment Corporations Box 6327 hassee, FL 32314 | Ameno Divisio Clifton | Address Iment Section on of Corporations Building executive Center Circle |

Tallahassee, FL 32301



Mailed our

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2016

EDUARDO MEDNA KOUNTRY KIDS DAYCARE, INC. 1468 S. MARION AVE LAKE CITY, FL 32025

SUBJECT: KOUNTRY KIDS DAYCARE, INC.

Ref. Number: L29610

We have received your document for KOUNTRY KIDS DAYCARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 516A00022343

Articles of Amendment to Articles of Incorporation of

| Kountry Kids Day Care INC. | | |
|---|--|--|
| (Name of Corporation a | s currently filed with the Florida Dept | . of State) |
| Ĺ | 29610 | |
| (Document | Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation: | tutes, this Florida Profit Corporation ac | lopts the following amendment(s) |
| A. If amending name, enter the new name of the corpo | ration: | |
| | | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb | Inc," or "Co". A professional corpora | rated" or the abbreviation |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u> | <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u> | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | \$16.00CT 27 P |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered offi | | The new pany," or "incorporated" or the abbreviation refessional corporation name must contain the rida, enter the name of the Cip Code) The new pany, or "incorporated" or the abbreviation refessional corporation name must contain the contain th |
| Name of New Registered Agent | | |
| | (Florida street address) | |
| New Registered Office Address: | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an | | s of the position. |
| Signatur | e 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 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 Doe | |
|----------------------------|--------------------------|--------------|--------------------|
| X Remove | $\underline{\mathbf{v}}$ | 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 | <u>s</u> | Shea Harrell | 1468 S Marion Ave |
| Add | | | Lake City FL 32025 |
| X Remove | | | - |
| 2) Change | VP | Shea Harrell | 1468 S Marion AVE |
| Add | | | Lake City FL 32025 |
| X Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | ,, , |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheets, if necessary). | • |
|--|---|
| lease remove Shea Harrell from her posito | on as Secretary and Vice President she is no longer employed at Kountry Kids. |
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| . If an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| (y nor approuose, mateuro (1771) | |
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| | 10/12/2016 | |
|---|--|--------------------------|
| The date of each amendment(s) a | doption: | , if other than th |
| late this document was signed. | | |
| 1:0/ Effective date <u>if applicable</u> : | 12/2016 | |
| inective date <u>ii applicable</u> . | (no more than 90 days after amendment file date) | <u> </u> |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date epartment of State's records. | will not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. | |
| | proved by the shareholders through voting groups. The following statemen reach voting group entitled to vote separately on the amendment(s): | t |
| "The number of votes cas | for the amendment(s) was/were sufficient for approval | |
| by | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | (voting group) | |
| The amendment(s) was/were ad action was not required. | opted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were action was not required. | opted by the incorporators without shareholder action and shareholder | |
| 10/12/201 | 6 | |
| Dated | | |
| Ç | | |
| Signature | (X 11) | |
| | director, president or other officer - if directors or officers have not been | |
| | ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) | |
| ч рро. | | |
| | Eduardo Medina | |
| | (Typed or printed name of person signing) | |
| | Owner/President | |
| | (Title of person signing) | |