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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	
DOCUMENT NUMBER: L 50	<u>657</u>
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Judy	P. Locke Name of Contact Person
	Name of Contact Person
Great B	regioninas Preschool Inc.
	Adress
	Address
Tallahas	City State and Zip Code
E-mail address: (to be us	ell for future innual report notification)
For further information concerning this matter, pleas	e call:
Judy P. Locke	at (856) 933 - 877 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$52.50 Filing Fee & Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Cornorations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Great Beginnin	as Pr	eschool,	Inc.		
(Name of Corporation		filed with the Flo	orida Dept. of St	<u>rte</u>)	
L50(ر35				
(Docume	ent Number of (Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Fi	lorida Profit Cor _l	poration adopts th	ne following amend	lment(s)
A. If amending name, enter the new name of the cor	rporation:			The i	23 F
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	" "Inc," or "C	o". A profession			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI					_
(17 the space and the state of	, , , , , , , , , , , , , , , , , , ,				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	פא				- - -
D. If amending the registered agent and/or registered		ss in Florida, ent	ter the name of th	<u>1e</u>	
new registered agent and/or the new registered o	office address:				
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·		····	
-	(Florida stree	et address)			
New Registered Office Address:			, Floric	la	
	(0	City)		(Zip Code)	
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	istered Agent: I am familiar wi	th and accept the	obligations of the	? position.	
Signa	uture of New Re	gistered 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.

Example: X Change	<u>PT</u> .	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
.Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	$\overline{\vee}$	Locke, Daniel Ryan	1925 Setting Sun Tail Tallahassey Fl
Add Remove		ľ	Tail Tallahassey, Fl. 32303
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3) Change			
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4) Change			
Add			
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5) Change			
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an amendment provides for an provisions for implementing the	exchange, reclassificati	on, or cancellation	n of issued sha diment itself:	ares,	
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5/19/16,	, c.c.)		Coo	350/2 E	
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reschool, Inc.	To my	Son	Dale	Hirzul	
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The date of each amendment(s) adoption: date this document was signed.	5/19/16	, if other than th
	5/19/16	
Effective date <u>if applicable</u> :	no morethan 90 days after amendm	ent file date)
Note: If the date inserted in this block does not document's effective date on the Department of Sta		requirements, this date will not be listed as th
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		t for the amendment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr		
"The number of votes cast for the amenda	ment(s) was/were sufficient for appro	val
by(voting	a aroun)	."
☐ The amendment(s) was/were adopted by the boaction was not required.		action and shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action	on and shareholder
	ent or other officer – if directors or o	
	y P. Locke yped or printed name of person signi	ng)
Presi	(Title of person signing)	··· <i>b</i> /
	(i ide or bergon argining)	