## 11/6000008411

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

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EXAMINER

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195  REFERENCE : 425057 7586636  AUTHORIZATION : True Server						
COST LIMIT : \$ 25.00	_					
ORDER DATE: October 4, 2018  ORDER TIME: 4:50 PM						
ORDER NO. : 425057-130						
CUSTOMER NO: 7586636						
CHANGE OF AGENT  CHANGE OF AGENT  CO CO CO						
NAME: CHILDCARE DEVELOPMENT-FLORIDA, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Emily Croft EXT# 62925						

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered ogent, or both, in the State of Florida.

1. Na	ame of the limited liability company: CHILDCARE DE	EVELOPA	MENT-FLORIDA, LLC
2. (a)		(b)	)
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:
	210 Hillsboro Technology Drive		(Note: MAY BE POST OFFICE BON)
		<del>-</del> -	210 Hillsboro Technology Drive
	Deerfield Beach, FL 33441	<del>-</del> .	Deerfield Beach, FL 33441
	10/17/2016		M16000008411
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	FALDUTO, MARY		
	Registered Agent and Registered Office shown on the records of the	he Florida E	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	210 Hillsboro Technology Drive		
	D-f-lip /		
	Deemeid Beach FI.	33441	- 1
(b)	Corporation Service Company		
` ' -	Enter name of NEW Registered Agent and/or NEW Registered (	Office addr	
			<u>ଣ</u> ଫ
	1201 Hays Street		
	NEW Registered Office Address:		
		<del>-</del>	
	Tallahassee , FL_	32301	
ne chan igent wi	nited liability company is not organized under the laws ge or changes are made the Florida street address of the II be identical for the case of a Florida limited liable e authorized by are all changes you of the members of loss of organization or the operating secrement of the li	the registe bility com	ered office and the business office of the registere npany, it is hereby confirmed that the change(s)
			ael Shafir, Secretary
	C of a member or authorized representative of a member		Printed or typed name of signed
he oblig o mereli	caccept the appointment as registered agent and agree as of all statutes relative to the proper and complete po- vations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this charge.		
W	W/O Mus . Id. w.		Roxanne Turner
Signature	of Registered Agent Corporation Service Company	BY:	Asst. Vice President