

N01000005284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

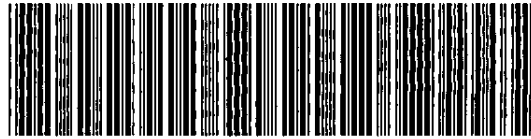
(Business Entity Name)

(Document Number)

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02/18/10--01010--010 **35.00

10 MAR - 3 AM 9:03
FILED

ML
Amend.

B. CONNELL MAR 04 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2010

JOYCE D. MCGRUFF
JAYCARE CHILD DEVELOPMENTAL CENTER, INC.
4609 HORTON ROAD
PLANT CITY, FL 33567

SUBJECT: JAYCARE CHILD DEVELOPMENTAL CENTER, INC.
Ref. Number: N01000005284

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 110A00004264

RECEIVED
2010 MAR -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION JayCare Child Developmental Center, Inc.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joyce D. McGriff
(Name of Contact Person)

JayCare Child Developmental Center, Inc.
(Firm/ Company)

4609 Horton Road
(Address)

Plant City, FL 33567
(City/ State and Zip Code)

JMcGriff@Tampabay.BR.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce D. McGriff at (813) 477-1857
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

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

February 26, 2010

Dear Sir/Madam

I have made the necessary corrections, and am resubmitting the Articles of Corp. Changes.

I had already submitted the check in the amount of \$35⁰⁰. Therefore, it was only necessary to complete the changes.

Thanks,

Joyce D. McGriff

(813) 477-1857

Articles of Amendment
to
Articles of Incorporation
of

JayCare Child Developmental Centers, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

JAYCARE ENRICHMENT ACADEMY, Inc.
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

New Registered Office Address: _____ (Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: Jan 5, 2010
(date of adoption is required)
Effective date if applicable: Jan 5, 2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 2/26/10

Signature Tzepraw Schades

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Tzepraw Schades
(Typed or printed name of person signing)

Director
(Title of person signing)