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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
OUR KIDS OF MIAMI-DADE/MONROE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SEP 09 2020

S. YOUNG

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DIVISION OF CORPORATIONS  
ALL AMENDED FILING

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OUR KIDS OF MIAMI-DADE/MONROE, INC.
2. The principal office address: 401 N.W. 2ND AVE., SOUTH TOWER, 10TH FLOOR  
MIAMI, FLORIDA 33128
3. The mailing address (if different): P.O. BOX 010951, MIAMI, FL 33101
4. Date of incorporation/qualification: 09/11/2002 Document number: N02000007020
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MAS Corporate Services, LLC

2333 Ponce De Leon Boulevard, Suite 314

Coral Gables, Florida 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MAS Corporate Services, LLC

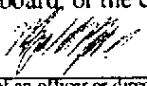
232 Andalusia Avenue, Suite 200

P.O. Box NOT acceptable

Coral Gables, Florida 33134

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

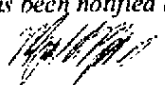
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Miguel A. Maspons, Attorney-In-Fact

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

9/3/20

Date

If signing on behalf of an entity:

Miguel A. Maspons as Manager

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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