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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
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| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status <u>. :</u> |
| Special Instructions to | Filing Officer: | |
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Office Use Only

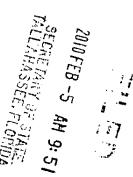
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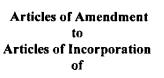




COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: The Pre-K Co | nnection, Inc. | |
|--|--|---|---|
| DOCUMENT NUM | BER: N05000012828 | | |
| The enclosed Articles | of Amendment and fee are sul | omitted for filing. | |
| Please return all corre | espondence concerning this mat | tter to the following: | |
| | | a Chapman | |
| | (Name of | F Contact Person) | |
| | (Firm | n/ Company) | |
| | 5877 Three | e Iron Drive #702 | |
| | (| Address) | |
| | | es, FL 34110 | |
| | (City/ Sta | ate and Zip Code) | |
| | | ection@hotmail.com od for future annual report notific | ation) |
| For further information | on concerning this matter, pleas | e call: | |
| Linda Chapman | | at (239) 593-446 | |
| (Name | of Contact Person) | (Area Code & Daytin | me Telephone Number) |
| Enclosed is a check f | or the following amount made | payable to the Florida Departmen | t 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 | | Street Address Amendment Section | |
| Division of Corporations | | Division of Corporation | ons |
| P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building 2661 Executive Cente | r Circle |
| 2 401160 | annually a set with a v | Tallahassee, FL 32301 | |



The Pre-K Connection, Inc.



| (Name of Corporation as currently | filed with | the Florida Dept. of Sta | <u>te</u>) | |
|--|---|--|--------------------------------|--|
| N05000 | 012828 | | | |
| (Document Number of Corporation (if known) | | | | |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: | | | | |
| A. If amending name, enter the new name of the | corporatio | n <u>:</u> | | |
| The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co | n the word o." may not | "corporation" or "inco be used in the name. | orporated" or the | |
| B. Enter new principal office address, if applicable: | | 5877 Three Iron Dr. #702 | | |
| (Principal office address <u>MUST BE A STREET AL</u> | ODRESS) | Naples, FL 34110 | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | 8 <u>0X</u>) | | | |
| D. If amending the registered agent and/or regist new registered agent and/or the new registere | | | er the name of the | |
| Name of New Registered Agent: | Line | da Chapman | | |
| New Registered Office Address: | 5877 Three Iron Dr. #702 (Florida street address) | | | |
| | | Naples (City) | _, Florida 34110 (Zip Code) | |
| New Registered Agent's Signature, if changing Relative I hereby accept the appointment as registered age position. | | * */ | | |
| Signa | ture of New | Registered Agent, If cha | nging | |

Page 1 of 3

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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------------------------------|--|--|--|
| <u>VP</u> | Carole Mathy | 91 Madison Dr. Naples, FL 34110 | ☐ Add ☑ Remove |
| <u>P</u> | Linda Chapman | 5877 Three Iron Dr. #702 Naples, FL 34110 | ☑ Add ☐ Remove |
| <u>VP</u> | Betsy Musson | 15275 Collier Blvd, Ste 201 Box 301 Naples, FL 34119 | ☑ Add ☐ Remove |
| (attach addii | g or adding additional Articles, enter clional sheets, if necessary). (Be specifically Upon resignation, removal and/o | | er from |
| | onnection, Inc. Board of Directors; | | |
| | competition agreement. This no | | ······································ |
| | | - | |
| | e Center, Summer Camp or any s | | |
| the same ag | e group within the same geographi | cal area that is being served | by this |
| corporation. | Violating this agreement by any page | arty can result in legal action | being taken |
| by The Pre-l | Connection, Inc. | | |
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| The date of each amendment(s) : | adoption: |
|--|---|
| | (date of adoption is required) |
| Effective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were ac was/were sufficient for approva | dopted by the members and the number of votes cast for the amendment(s) |
| There are no members or mem adopted by the board of directors | bers entitled to vote on the amendment(s). The amendment(s) was/were ors. |
| Dated_December Dated_ | chairman or vice chairman of the board, president or other officer-if directors |
| have no | ot been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary) |
| _ | Linda Chapman |
| | (Typed or printed name of person signing) |
| _ | Chairman of the Board |
| | (Title of person signing) |