

N07000009132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

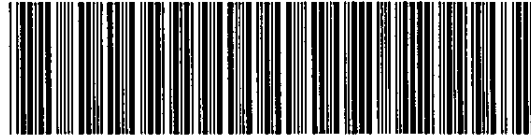
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2016

CHANTEL PRESTON
9EGH WASHINGTON STREET
APOPKA, FL 32703

SUBJECT: CHANTEL FOSTER CARE HOME INC.
Ref. Number: N07000009132

We have received your document for CHANTEL FOSTER CARE HOME INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

PLEASE CORRECT THE SPELLING OF THE NEW NAME.

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) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 616A00017449

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Chantel Foster Care Home

DOCUMENT NUMBER: N07000009132

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

Please return all correspondence concerning this matter to the following:

Chantel Preston

(Name of Contact Person)

Bubble Guppies Child Care/Pre-school Center

(Firm/ Company)

9 E. G. H. Washington Street

(Address)

Apopka, FL 32703

(City/ State and Zip Code)

bubbleguppieskidz@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chantel Preston

321

279-9280

at

(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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

Chantel Fsoter Care Home

(Name of Corporation as currently filed with the Florida Dept. of State)

N07000009132

(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:

Bubbl GuppiesChild Care/Pre-school Center

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**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

Chantel Preston

9 E. G. H. Washington Street

(Florida street address)

New Registered Office Address:

Apopka

(City)

Florida 32703

(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.

Chantel Preston

Signature of New Registered 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Chantel Preston</u>	<u>9 E. G. H. Washington Street</u>
<input type="checkbox"/> Add			<u>Apopka, FL 32703</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>T</u>	<u>Loretha Hampton</u>	<u>1306 South Highland Ave.</u>
<input type="checkbox"/> Add			<u>Apopka, FL 3203</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>Delina Jefferson</u>	<u>1564 Park Ave.</u>
<input type="checkbox"/> Add			<u>Apopka, FL 32703</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change		<u>N/A</u>	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change		<u>N/A</u>	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change		<u>N/A</u>	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 07/30/2016, if other than the date this document was signed.

Effective date if applicable: 07/30/2016
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 07/30/2016

Signature Chantel Preston

(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)

Chantel Preston

Chantel Preston
(Typed or printed name of person signing)

President President
(Title of person signing)