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(1	Requestor's Name)			
(,	Address)			
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SECRETARY OF STATE



T LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hillsborough Early Childhood Association Cosp							
Cosp							
DOCUMENT NUMBER: /N OOOOO80,2							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Sonia Meier (Name of Contact Person)							
(Firm/ Company)							
1652 Brook Drive							
1652 Brook Drive (Address)							
Dunedin FL 34698 (City/ State and Zip Code)							
(City/ State and Zip Code)							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Sonia Meier at 727 578-5437 (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:							
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)							
Mailing Address Street Address							

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment

	At ficies of	to		
	Articles of	Incorporation		
·		of		
(Name of Corporation as currently file	() lahoco	d Association	Cosp.	
Mulana	00802)		
	nber of Corporatio			
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, t	this Florida Nat For Profit Corp.	·	_
A. If amending name, enter the new name o	f the corporation:	•	البيم	1 Coco
Hills borough Association name must be distinguishable and contain the "Company" or "Co." may not be used in the	word "corporation	the Education en or the abbr	F Young The new reviation "Corp." or "Inc	dren Corp
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	olicable: CT ADDRESS)			
			· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		hand the same of t		
		· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or	registered office a	address in Florida, enter the na	me of the	
new registered agent and/or the new reg				
Name of New Registered Agent:				
			_	
	(Flo	orîda street address)	-	
New Registered Office Address:	(, ,,,			
		Florida	•	
	(City)	Florida (Zîp	a Code)	-
	•			
New Registered Agent's Signature, if change I hereby accept the appointment as registered appointment as registered as the second secon	ng Registered Ag	<u>ient:</u> iar with and accept the obligation	us of the position	
Thereby accept the appointment as registered to	igent. I am jantti	an ann ana accept me bougano.	na uj ine position. 🛁	هیم

Page 1 of 4

Signature of New Registered Agent, if changing

FILED 12 NOV-5 PM 9: 4.9

The date of each amendment(s) adoption: 10-1-12
Effective date if applicable:
(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
Signature Soman. Mecen
(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)
Sonia M. Meier
(Typed or printed name of person signing)
President
(Title of person signing)