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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PRECIOUS Wille Royal Angels Child (
NAME OF CORPORATION: 1/20CLOUS WILL COYET / MYCLS CHUCK (
DOCUMENT NUMBER: N1200080 5856
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Miriam A. Wilhams - Dufon (Name of Contact Person)
Precions With Royal Angels Child Care Center Inc
3115 Woodnik Highway
Illahasse Fron'da 35305 (City/ State and Zip Code)
Drecensuttlesoxulangels/ egmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Miriany A. Wilhams Dyn at (050) 590-3550 (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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$Certificate of Status (Additional copy is enclosed) \$\Bigcup \\$Certificate of Status (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation

	Afficies	r incorporation	_	
Precious little	Royal An	gels Cheld	Care Center	Incorporate
(Name of Corporation as current)	<u>y filed with the Flori</u>	da Dept. of State)		_ (
MIZOC	000585	(0		
(Documen	t Number of Corporation	on (if known)		`
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat	006, Florida Statutes,	this <i>Florida Not For</i>	Profit Corporation adopts	the following
A. If amending name, enter the new na	me of the corporation	<u>ı:</u>		
		·		The new
name must be distinguishable and contain "Company" or "Co." may not be used in		n" or "incorporated	or the abbreviation "Corp	o." or "Inc."
·				
B. Enter new principal office address, i (Principal office address MUST BE A ST			· · · · · · · · · · · · · · · · · · ·	
(Trincipal office address MOST BE ASI	KEEI ADDKESS)			السد.
				- KS
				— 2 Sign
C. Enter new mailing address, if applie	able:			E ZE
(Mailing address MAY BE A POST O	FFICE BOX)		_ _	— 38 意思
				- ROE
	_			
	_			OF STATE REPORATION LO
D. If amending the registered agent and	Unr registered affice :	address in Florida	enter the name of the	6 5
new registered agent and/or the new			the the hame of the	ř.
Norma of New Desire and A. Co				
Name of New Registered Agent:				
			·	
New Registered Office Address:	(Fl	orida street address)		
New Registered Office Address.				
			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch	anging Registered Ag	ent:		
I hereby accept the appointment as registe			he obligations of the position	on.
Sign	nature of New Register	red Agent, if changing		
S	, , , , , , , , , , , , , , , , , , ,		-	

Page 1 of 4

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: X Change	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	•
$X ext{ Add}$	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	T	Gail Paramore	2727 Lake Munson Street Pallahassa Fr 323/0 3830
2) Change Add Remove	TR	Anne D. Williams	P.O. Box 306 Mudway & 33.3+3
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
	·	
		
		_
·		
		—

The	date of each amendment(s) adoption: 0120 113
Effe	ective date if applicable:
	(no more than 90 days after amendment file date)
Ado	option 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.
Ø	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 0 30 10
	Signature (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)
	Minam & Wilhams-Dryan
	Typed or printed name of person signing)