Whomas In

(Re	questor's Name)	
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	LITTLE SAINTS LEA N:	ARNING CENTER,	INC.	
N	12000010420			
DOCUMENT NUMBER: _				
The enclosed Articles of Amer	ndment and fee are subm	itted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
WANDA WATERS				
	(Name of Contact Pe	erson)	
LITTLE SAINTS CHILD CA	RE CENTER, INC.			
		(Firm/ Company	·)	
2179 EMERSON STREET				
		(Address)		
JACKSONVILLE, FL 32207				
	(City/ State and Zip (Code)	
littlesaintslearningcenter@gm	ail.com			
E-1	mail address: (to be used	for future annual rep	ort notification)
For further information concer	rning this matter, please c	all:		
WANDA WATERS		at	904-398-1625	
()	Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pay	rable to the Florida I	Department of S	State:
□ \$35 Filing Fee	□S43.75 Filing Fee & □ Certificate of Status	-	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Ad	ldress	<u>Sti</u>	reet 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 to Articles of Incorporation of

FILED 17 OCT 10 AH 10: 40

LITTLE SAINTS LEARNING CENTER, INC.

(Name of Corporation as cur	rrently filed with the Florida Dept. of State SECT I Page 17
N12000104020	A.G.T.A.C.
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation;	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	pration:
LITTLE SAINTS CHILD CARE CENTER, INC.	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
N.A.	ice aun coo.
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	The section of the se
	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: on familiar with and accept the obligations of the position.
	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, a	nd
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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Nume</u>	Address
1) Change	NA —		
Add			
Remove			
2) Change	NA		
Add			
Remove			
3)Change	NA		
Add			
Remove			
4) Change	NA		
Add			
Remove			
5) Change	NA		
Add			
Remove			
6) Change	NA ——		
Add			
Remove			

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

	•		INA	
ľhe	date of each amen	dment(s) ad	option:	, if other than the
late	this document was:	signed.		
		NA		
Eff	ective date <u>if applic</u>	<u>able</u> :		
			(no more than 90 days after amendment file date)	
			ck does not meet the applicable statutory filing requirements, this date will no partment of State's records.	t be listed as the
٨d٥	option of Amendme	nt(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient		lopted by the members and the number of votes cast for the amendment(s) al.	
	There are no membadopted by the boa		bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated	OCTOBER	4, 2017	
	Signature	Edwa	nd Robinson	
		By the chair	man or vice chairman of the board, president or other officer-if directors	
			en selected, by an incorporator – if in the hands of a receiver, trustee, or	
		other court	appointed fiduciary by that fiduciary)	
		BISHOP	EDWARD ROBINSON, SR.	
		<u> </u>	(Typed or printed name of person signing)	
		PRESID	ENT	
			(Title of person signing)	