N1400005332

(Re	equestor's Name)			
(Ac	ddress)			
(Ad	ddress)			
(Ci	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bo	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
·				
		of Status		

Office Use Only



600288902876

08/16/16--01009--021 **35.00

FURSION OF CONFORATION JUNE 1 IL LO

AUG 2 6 2016

C LEWIS

COVER LETTER

TO: Amendment Section **Division of Corporations**

Lou's Child Dare, Inc. NAME OF CORPORATION:	
N 14000005332	
DOCUMENT NUMBER:	-
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gigi Valentino	
(Name of Contact Person)	_
Lou's Child Care, Inc.	
(Firm/ Company)	-
2264 Lake Arbor Blvd	
(Address)	
Clearwater / Florida 33763	
(City/ State and Zip Code)	
info@oceanbingo.net	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Gigi Valentino 727 7267979	
(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 \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is enclosed) \\ (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

FILED SECRETARY OF STATE DIVISION OF CORPORATION

Lou's Child Care, Inc.

2016 AUG 15 AM 11: 07

(2)		
(Name of Corporation as curren	tly filed with the Florida E	Dept. of State)
N 1400005332		
(Document Numb	er of Corporation (if known))
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Pro</i>	fit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
N/A		The new
N/A name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>))	
		·····
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	ce address in Florida, enter	the name of the
new registered agent and/or the new registered office a		
Name of New Registered Agent:	N/A	
	(Florida s	treet address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the o	bligations of the position.
	NIA	
	ignature 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: 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>Name</u>	<u>Addres</u> s
1) Change	PD	Roman Pusch	2264 Lake Arbor Blvd
Add			Clearwater, Florida 33763
Remove			
2) X Change	PD	Gigi Valentino	2264 Lake Arbor Blvd
Add			Clearwater, Florida 33763
3) Change	T	Jodi Vanhaerents	11315 Starkey Road
X Add			Largo, Florida 33773
Remove			
4) Change	S	Ludwig Eckl	3648 S US Highway 41
X Add			Ruskin, Florida 33570
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessa	Articles, enter change(s) here: y). (Be specific)	
		
	·	
,		
		•
· · · · · ·		

-	date of each amendr	nont(s) adapti	N/A		if other than the
	this document was sign		ли:	r II.	$\frac{1}{2}$, if other than the
	ective date if applicab	8/12/2016	i	SECRETARY JIVISION OF CO	OF STATE RPORATION.
			(no more than 90 days after amendment file date)	2016 AUG 15	AM II: 07
			pes not meet the applicable statutory filing requirement nent of State's records.	s, this date will no	t be listed as the
Ado	ption of Amendment	(s)	(<u>CHECK ONE</u>)		
	The amendment(s) w was/were sufficient for	•	d by the members and the number of votes cast for the	amendment(s)	
8	There are no member adopted by the board		entitled to vote on the amendment(s). The amendment((s) was/were	
	Dated	ugust 12th 201	6		
	Signature				
	ha	ive not been sel	or vice chairman of the board, president or other office ected, by an incorporator – if in the hands of a receive nted fiduciary by that fiduciary)		
		Gigi Valentino	(Typed or printed name of person signing)		
		President & D	irector		
			(Title of person signing)		