

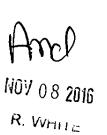
(Re	equestor's Name)) .
(Ad	ldress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

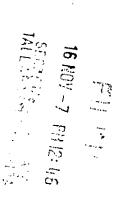
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11/07/16--01028--027 **35.00

FILING CANCELLED RETURNED CHECK





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:						
DOCUMENT NUMBER:						
The enclosed Articles of An	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresponde	ence concerning this matter	to the following:				
EANEEKA JACKSON						
	(Name of Contact Pers	on)			
DUST 2 DAWN CHILDCA	ARE INC			,		
		(Firm/ Company)				
1211 N PINE HILLS ROAL	D					
		(Address)		**************************************		
ORLANDO, FLORIDA 32	808					
	(City/ State and Zip Co	de)			
RAISE4U@YAHOO.COM	I					
Е	-mail address: (to be used	or future annual repor	t notification	n)		
For further information conc	erning this matter, please c	all:				
ROBIN JENKINS			07-538-023	I		
	(Name of Contact Person)			(Daytime Telephone Number)		
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Dep	partment of	State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status		Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is essed)		
Mailing Address			t Address			
Amendment Section		Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Tallahasse		Executive C	enter Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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DUST 2 DAWN CHILDCARE INC

16 NOV -7 PM 12: 46

(Name of Corporation as cu	arrently filed with the Florida Dept. of State
N16000008913	International Action Control of the
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:
NO CHANGES	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:	SAME
(Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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 off	fice address:
Name of New Registered Agent: SAM	ME
	(Florida street address)
New Registered Office Address:	,
	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registo	ered Agent.
	am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:				
(attach additional sheets, if necessary). (Be specific)	FILING CANCELLED RETURNED CHECK			
NO CHANGES				
				

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 Do Mike Jo Sally Sm	nes		CANCELLED NED CHECK
Type of Action (Check One)	Title		Name		Address
1) Change	VP	_	EANEEKA JACKSON		1211 N PINE HILLS ROAD
Add					ORLANDO, FL 32808
X Remove					
2) Change		_			
Add					
Remove					
3)Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

Γhe	date of each amer	ndment(s) adop	10/14/2016 tion:		_, if other than the
late	this document was	signed.	•		
Effe	ctive date <u>if appli</u>	cable:			
			(no more than 90 days after ame	ndment file date)	
			does not meet the applicable statutor tment of State's records.	y filing requirements, this date will not b	e listed as the
Ado	ption of Amendm	ent(s)	(CHECK ONE)		
	The amendment(s) was/were sufficient		ted by the members and the number of	of votes cast for the amendment(s)	
	There are no mem adopted by the bo		s entitled to vote on the amendment(s	s). The amendment(s) was/were	
	D . 1	10/14/2016		FILING CANO	CELLED
	Dated		50/	RETURNED (CHECK
	Signature			1	~~
		have not been	n or vice chairman of the board, presselected, by an incorporator – if in the cointed fiduciary by that fiduciary)		
		ROBIN JEI	NKINS		
			(Typed or printed name of	of person signing)	
		REGISTER	ED AGENT		
		 	(Title of pers	on signing)	