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SECRETARY OF STATE
SECRETARY OF STATE

C. GOLDEN AUG 2 2 2018

COVER LETTER

TO: Amendment Section Division of Curporations

NAME OF CORPORATION:
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amenda Ellis
(Name of Contact Person)
FACCM, Inc
(Firm/ Company)
1095 Military Trail #8619
(Address)
Jupiter, FL 33468
(City/ State and Zip Code)
amanda@faccm.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Аталda 954 835-5838
(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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (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

FILED

Articles of Amendment to Articles of Incorporation of

2018 AUG 20 PM 12: 08

The Florida Association for Child Care Management, Inc.

SECRETARY OF STATE

(Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation	n as curre	ntly filed wit	h the Florida D	ent. of State)
N26617				
(Docu	ment Num	ber of Corpor	ation (if known)	
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statu	tes, this <i>Flori</i>	da Not For Proj	it Corporation adopts the following
A. If amending name, enter the new name of th	ie cornora	tion:		
name must he distinguishable and contain the wor "Company" or "Co." may not be used in the nan	d "corpore	ation" or "inc	corporated" or t	The new he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A	abic: 4 <i>DDRESS</i>	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	1095 Milita	ary Trail #8619	
		Jupiter, Fl.	33468	
D. If amending the registered agent and/or registered agent and/or the new register	stered offi red office	ice address in	Florida, enter	the name of the
Name of New Registered Agent:	Kenneth	Lee Bell		
	1095 Mil	litary Trail #8	619	
New Registered Office Address:	 :		(Florida sti	evi address)
	Jupiter	···		, Florida
		(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered	Agent: miliar with an	nd accept the ob	ligations of the position.
-	S	ignature of N	er Registered A	gght. If changing

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 X_Remove X_Add	<u>У Мі</u>	n Doc se Jones iy Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	Kenneth Lee Bell	1095 Military Trail #8619
X Add			Jupiter, F1. 33468
Remove			
2)Change	<u> </u>	Ricardo Campo	848 Brickell Avenuc, Suite 1010
Add			Miami, FL 33131
X Remove			
3) X Change	T	Tripp Crouch	7345 Jackson Springs Road
Add			Tampa, FL 33634
Remove			
4)Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Remove			

ending or adding add additional sheets, if n	itional Articles, enter ecessary). (Be specij	change(s) here:			
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	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Eff	fective date <u>if applicable</u> :	_
	(no more than 90 days after amendment file date)	
<u>Not</u> doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necument's effective date on the Department of State's records.	ot be listed as the
Add	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.	
	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 16 AU 6 14	
	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)	
	Roy Keister	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	