N 26617

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COVER LETTER

TO: Amendment Section & Division of Corporations	•	s 1+ ⊷·	
NAME OF CORPORATION: FACCM, Inc			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Jennifer Shields			
	(Name of Contact Per	rson)	
FACCM, Inc			
	(Firm/ Company))	
4840 Dairy Road, Suite 101			
	(Address)		
Melbourne, FL 32904			
	(City/ State and Zip C	lode)	
jshields@facem.org			
E-mail address: (to be u	ised for future annual repo	ort notificatio	n)
For further information concerning this matter, ple	ase call:		
Jennifer Shields	at	321	848-1596
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divi The	eet Address endment Sect ision of Corpo Centre of T 5 N. Monro	orations

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Florida Association for Child Care Management, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N26617 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp, " or "Inc." "Company" or "Co." may not be used in the name. 4840 Dairy Road B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 101 Melbourne, FL 32904 C. Enter new mailing address, if applicable: 4840 Dairy Road (Mailing address MAY BE A POST OFFICE BOX) Suite 101 Melbourne, FL 32904 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 office address: Jennifer Shields Name of New Registered Agent: 4840 Dairy Road, Suite 101 (Florida street address) New Registered Office Address: Melbourne (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

. J. O.

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	PT John Do Y Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Amanda Ellis	2000 PGA Blvd, Suite 4440 Palm Beach Gardens, FL 33408
× Remove			
2) Change Add	<u>D</u>	Jennifer Shields	4840 Dairy Road, Suite 101 Melbourne, FL 32904
Remove 3) Change Add Remove			
4) Change Add			
Remove			
Add Remove			
6) Change			
Add Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
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The data of such assessment	(X					
The date of each amendment date this document was signed.	(s) adoption: _					if other than the
_	10-1-2020					
		more than 90 da		Instant Classical	 	
	(10)	тоге тап 90 аа	ys agier amene	uneni jue aaie)		
Note: If the date inserted in thi document's effective date on the	is block does no ie Department o	t meet the appli f State's records	cable statutory s.	filing requireme	ents, this date will n	ot be listed as the
Adoption of Amendment(s)	(<u>C</u>	HECK ONE)				
The amendment(s) was/we was/were sufficient for app	ere adopted by t proval.	he members and	l the number o	f votes cast for t	he amendment(s)	

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 970 70 Signature
(By the 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)
Tripp Crouch
(Typed or printed name of person signing)
President

(Title of person signing)