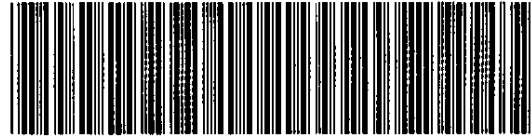


N32589



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07/26/10--01014--028 **43.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C.COULLETTE

JUL 26 2010

EXAMINER

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: FRIENDLY PEOPLE CREATIVE CHILD CARE CENTER, INC.

DOCUMENT NUMBER: N32589

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMUEL KNIGHT
(Name of Contact Person)

Friendly People Creative Child Care Center, Inc.
1294 Wingfoot Way (Firm/ Company)

MAILING - 1149 CAPITAL BLVD.
Address (Address)

PENSACOLA FL 32505
(City/ State and Zip Code)

SAMK51 @ COX.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMUEL KNIGHT at (850) 478-8087
(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee 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

Articles of Amendment
to
Articles of Incorporation
of

Friendly People Creative Child Care Center, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

N37589

(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:

The new 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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1149 CAPITAL Blvd.
Pensacola FL 32505

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:

Name of New Registered Agent:

SAMUEL KNIGHT

New Registered Office Address:

1149 CAPITAL Blvd.

(Florida street address)

PENSACOLA

(City)

Florida

32505

(Zip Code)

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.

Samuel Knight
Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: July 23, 2010
(date of adoption is required)

Effective date if applicable: July 23, 2010
(no more than 90 days after amendment file date)

Adoption 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 July 23, 2010

Signature Samuel Knight
(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)

SAMUEL KNIGHT
(Typed or printed name of person signing)

H.P.
(Title of person signing)

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

[Virginia Knight], hereinafter referred to as PRINCIPAL, in the County of Escambia, State of Florida, being of sound mind, do(es) appoint [Samuel Knight] as his (her) true and lawful attorney-in-fact.

Any and all general powers of attorney that previously have been signed by principal are hereby revoked. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to principal's health care that previously have been signed by principal.

In the principal's name, and for the principal's use and benefit, said attorney-in-fact is authorized hereby:

- (1) Sell, exchange, buy, invest, or reinvest any assets or property owned, which may include income producing or non-income producing assets and property.
- (2) Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.
 - (a) Conduct any business with any banking or financial institution with respect to any of principal's accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to the principal by any person, firm, corporation or political entity.
 - (b) Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
 - (c) Have access to any safe deposit box owned, including its contents.
- (3) Take any and all legal steps necessary to collect any amount or debt owed, or to settle any claim, whether made against or asserted on behalf of principal against any other person or entity.
- (4) Exercise all stock rights as proxy, including all rights with respect to stocks, bonds, debentures, or other investments.
- (5) Maintain and/or operate any business owned by principal.
- (6) Purchase and / or maintain insurance
- (7) Enter into binding contracts on behalf of principal
- (8) Employ professional and business assistance as may be appropriate

(9) Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of principal's property currently owned or acquired later, including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead currently owned or may own in the future.

(10) Transfer any of principal's assets to the trustee of any revocable trust created by principal, if such trust is in existence at the time of such transfer.

(11) Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:

(a) Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.

(b) Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).

(c) Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).

(12) Disclaim any interest that might otherwise be transferred or distributed to principal from any other person, estate, trust, or other entity, as may be appropriate.

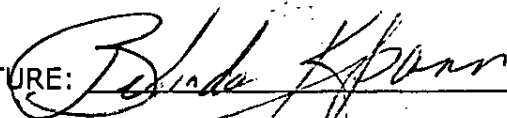
Said attorney-in-fact shall not be liable for any loss that results from a judgment error that was made in good faith. However, said attorney shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

Principal authorizes said attorney to indemnify and hold harmless any third party who accepts and acts under this document.

Giving and granting to said attorney full power and authority to do all and every act and thing whatsoever requisite and necessary to be done relative to any of the foregoing as fully to all intents and purposes as principal might or could do if personally present.

All that said attorney shall lawfully do or cause to be done under the authority of this power of attorney is expressly approved.

If witnesses are required, the following must be included:

WITNESS' SIGNATURE: 

WITNESS' PRINTED FULL LEGAL NAME: Belinda K. Spann

WITNESS' SIGNATURE: 

WITNESS' PRINTED FULL LEGAL NAME: Virdeell Cleveland

Dated: July 13, 2010

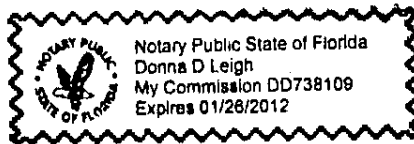
By: Virginia Knight

STATE OF Florida COUNTY OF Escambia

BEFORE ME, the undersigned authority, on this 13th day of July, 2010, personally appeared Virginia Knight to me well known to be the person described in and who signed the foregoing, and acknowledged to me that she executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

Donna D Leigh



NOTARY PUBLIC

My Commission Expires: 1/26/2012