P00000079742

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· COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:	Baynar	d Fami	ly Chil	ld Care In	c.
DOCUMENT NUM	BER: P0000	00079742			· · · · · · · · · · · · · · · · · · ·	·
The enclosed Articles	s of Amendmen	of and fee are sub	mitted fo	r filing.		
Please return all com	espondence con	cerning this matt	er to the	following	g:	
	·		e Bayna			,
		(Name of	Contact I	rerson)		
<u></u>		Baynard Fan	nily Chil	d Care	Inc.	
		(Firm	/ Compar	ıy)		
		601 NW	33rd. A	venue		
-		(A	(ddress)			
		Fort Lauderd	ale Flori	ida, 333	311	
		(City/ Stat	e and Zip	Code)	' '' 	
#No-Pilatediscional	E-mail ad	msbaynan				ation)
For further information		-			•	•
Elaine Baynard			at (954) 593-138	39
(Name	of Contact Pers	on)			Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following	amount made pa	ayable to	the Flori	da D epartmen	nt of State:
\$35 Filing Fee	☑ \$43.75 Fill Certificate of		Certif	icd Copy tional co		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Amend	Address Iment Section		
Division of Corporations P.O. Box 6327				on of Corporation Building	ons	
Tallahassee, FL 32314				executive Centersec, FL 3230		

Articles of Amendment to Articles of Incorporation of

F 2009 11.	ILED
SECRETAR TALLAHASSI of State)	
of State)	E. FLORIDA

Baynard Family Child Care Inc.

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

P00000079742

(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:

ne new name must be distinguishable and a breviation "Carp." or "Inc." "Company"		
Enter new principal office address, if an irincipal office address MUST BE A STREE		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
If amending the registered agent and/or new registered agent and/or the new registered Agent:		enter the name of ti
		enter the name of ti
Name of New Registered Agent:	stered office address;	enter the name of , Florida

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)

Title	Name	Address	Type of Action
MGR/O	John Louis Brown	601 NW 33rd, Avenue Fort Laudendale, Fla. 33311	☑ Add □ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
E. If amending (attach addit	or adding additional Articles, enter of ional sheets, if necessary). (Be specificated)	thange(s) here:	

The date of each amendment(s) adoptic	on: June 1, 2009
Effective date if applicable:	(date of adoption is required) June 1, 2009
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members er adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Dated June	1, 2009
Signature	aine baimard
	nan or vice chairman of the board, president or other officer-if directors selected, by an incorporator — if in the hands of a receiver, trustee, or
	pointed fiduciary by that fiduciary)
	Elaine Baynard
	(Typed or printed name of person signing)
	President
-	(Title of person signing)

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