

PO1000 093 207

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

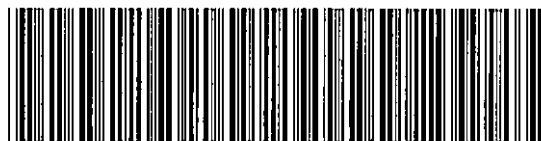
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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10/24/19--01002--006 \*\*35.00

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: My Little Angels Day Care Center  
Name of Corporation

DOCUMENT NUMBER: PD100093207

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria E. Nunez  
Name of Contact Person

My Little Angels Day Care Center  
Firm/Company

280 S. Krome Avenue  
Address

Homestead, FL 33030  
City/State and Zip Code

mylittleangel280@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Nunez at ( 305 ) 796 7811  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: My Little Angels Day Care Center  
2. The principal office address: 278-280 South Krome Avenue  
Homestead FL 33030  
3. The mailing address (if different): N/A  
4. Date of incorporation/qualification: 9/24/01 Document number: PD1000093207  
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

Guest James M  
759 SW Federal Hwy Suite 103  
Stuart FL 34994

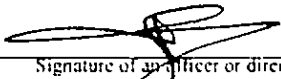
6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Maria Nuñez  
280 S. Krome Avenue  
P.O. Box NOT acceptable  
Homestead FL 33030

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The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of officer or director

Maria Nuñez / Vice President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as registered  
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I  
hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

10/22/19  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*