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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	S PLACE CHILD CARE C	ENTER, INC.		
DOCUMENT NUMB					
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
1	. SHABRIA, JOHNSON				
-	Name of Contact Person				
•	THE CHILDREN'S PLACE CHILD CARE CENTER, INC.				
-	Firm/ Company				
•	5521 NW 2ND AVENUE				
-		Address	*		
]	MIAMI, FL 33150				
-		City/ State and Zip Code	2		
ten652	1@gmail.com				
———	3.0	sed for future annual report	notification)		
	D man dedictor, (to be di	occi 101 fataro aminar report			
For further information	concerning this matter, pleas	se call:			
I. SHABRIA JOHNSON		786 at (de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassec, FL 32301		

Articles of Amendment to Articles of Incorporation

THE CHILDREN'S PLACE CHILD CARE CENTER, INC.

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

P02000135608

(Document Number of Corporation (if known)

2015 MOY Z AM 11:30 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

A. If amending name, enter the new name of the corporation: N/A	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6521 NW 2ND AVENUE
	MIAMI, FL 33150
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	
	6521 NW 2ND AVENUE
	MIAMI, FL 33150
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent I. SHABRIA, JOHNSON	ss:
6521 NW 2ND AVENU	E
(Florida s	treet address)
New Registered Office Address: MIAMI	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
X. Shabrie of Men	Registered Agent, if changing

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	PVST	CHERISE GIORDANI	CHERISE GIORDANI
Add			15841 SW 108TH AVENUE
X Remove			MIAMI, FL 33157
2) Change	PVST	DEMETRAS JOHNSON	6521 NW 2ND AVENUE
X Add			MIAMI, FL 33150
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Domova			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

ARTICLE IV - PRINCIPAL BUSINESS

The address of the principal office of the Corportion is 6521 NW 2nd Avenue, Miami, Florida 33150 and the mailing address
is the same.
ARTICLE X - REGISTERED OFFICE AND REGISTERED AGENT
The address of registered office of this Corporation is 6521 NW 2nd Avenue, Miami, Florida 33150. The name and address
of the registered agent of this Corporation is I. Shabria, Johnson, located at 6521 NW 2nd Avenue, Miami, Florida 33150.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10-29-2015	
Signature Denieras (enchrouse	
(By a director, president or other of the — if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	irt
Demetras Johnson	
(Typed or printed name of person signing)	
tresident	
(Title of person signing)	