PUUCO 30517

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(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
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> JUL 2 8 2017 D CONNELL

To: Florida Department of State

Fr: Trisha Cornelius (Lil Voyagers Academy)

Re: Letter Number: 317A00014345

Date: 07/24/2017

To Whom it May Concern

I Trisha Cornelius dissolved Lil Voyagers Academy LLC and would like to release the name to be used by another one of my entity. I would like to change the name of my cooperation Welcome Home Childcare Learning Center, INC: Ref. Number: P04000130517 to Lil Voyagers Academy, INC.

I have enclosed the request document.

Thanks for your consideration in the matter.

Sincerely Yours,

Trisha Cornelius



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2017

TRISHA CORNELIUS 6265 MAGNOLIA SPRINGS LANE JACKSONVILLE, FL 32258

SUBJECT: WELCOME HOME CHILDCARE LEARNING CENTER, INC.

Ref. Number: P04000130517

We have received your document for WELCOME HOME CHILDCARE LEARNING CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 317A00014345

Diane Cushing Senior Section Administrator

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corpora							
NAME OF CORPORA	TION: WELCOUR	HOME CHILD	CARE LEARNING CENTER, INC				
	r: <u>P04000130</u>						
The enclosed Articles of	Amendment and fee are sub	omitted for filing.					
Please return all correspondent	ondence concerning this mat	ter to the following:					
	1 RISH	A CORNElius	S				
_	1 RISHA CORNE/1US Name of Contact Person						
Firm/ Company							
_	Firm/Company 6265 NAGNOLIA SPRINGS LANE Address JACKSONVILLE FloriDA 30058.						
_	JACKSONY	IIIE FlORIDA	32258				
		City/ State and Zip Code					
	MACA DEMA E-mail address: (to be use	ded for future annual report	· Cord · notification)				
For further information	concerning this matter, pleas	e call:					
- IRISHA	CORNELIUS	at (954	815-4773				
Name of	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made p	payable to the Florida Depa	urtment of State:				
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)					
Mailing Address			Address				
	dment Section		ment Section				
Division of Corporations		Division of Corporations Clifton Building					
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle					

Tallahassee, Fl. 32301

Articles of Amendment

to

Articles of Incorporation

WELCONE HOME CHILDCARE	FARNING GATER, INC.	
(Name of Corporation as currently f	iled with the Florida Dept. of State)	_
Po 4000 13051'	7	
PO 4000 1305 / ' (Document Number of C	orporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to	to
A. If amending name, enter the new name of the corporation:		
111' VOYAGERS ACA	DEMYLTAC.	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6265 NAGNOLIA SPRINGS LANG TACKSONVILLE FloriDA	ΙĒ
	32258.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ALLMIN TO THE SECOND TO THE SE	; -
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
	Neliu.	
	Whith Springs LANE.	
New Registered Office Address: JACKSONY	1112 Florida 32258	
	ity) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with signature of New Reg	h and accept the obligations of the position. Listered 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 D	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				1 ACKSCUVILLE FLORICA.
Add Remove	P		MRS. TRISIHA N. CURTIS- JOHNSON	JACKSENVILLE Florida.
2) Change Add Remove	<u>Р</u>		MRS. TRISHA N. Cornelius	JACKSONYILE, Florigh. 30058.
3) Change Add		_		
Remove 4) Change Add		_		
Remove 5) Change				
Add Remove		_		
6) Change				
Add				
Damoura				

	eets, if necessary).	(Be specific)				
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provisions for imr	lementing the amen	idment it not co	ontained in the ar	nendment itselt:		
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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 date will document's effective date on the Department of State's records.	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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6 29 2017 Signature CT Commen	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	