P05000076707

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SECHETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: Happy	FACES DAYCARE.	Center, Inc.
DOCUMENT NU	mber: <u></u> <i>P</i> 05	000076707	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	prrespondence concerning thi	s matter to the following:	
	EDILBO (Name of	RHO ESCOBAR of Contact Person)	
	(Fir	m/Company)	·
_	4320 Def	Rbyshire Land (Address)	
	OR lando (City/S	FL 32812_ tate and Zip Code)	
For further information	ation concerning this matter,	please call:	
	Id R. Hamiel e of Contact Person)	at (412) 73°	7 - 4333 e Telephone Number)
Enclosed is a checi	k for the following amount:		
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	tt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 4, 2005

EDILBERTO ESCOBAR HAPPY FACES DAYCARE CENTER, INC. 4320 DERBYSHIRE LANE ORLANDO, FL 32812

SUBJECT: HAPPY FACES DAYCARE CENTER, INC.

Ref. Number: P05000076707

We have received your document for HAPPY FACES DAYCARE CENTER, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

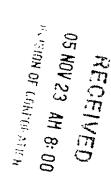
The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 705A00066248



Articles of Amendment to Articles of Incorporation of

(1	Name of corporation as curre	Day CARE CE ntly filed with the Florida I	Dept. of State)	老
	P050000	76707		至
		er of corporation (if known)	3388
	ons of section 607.1006,		Tlorida Profit Corp	oration ,
lopts the following an	nendment(s) to its Articl	les of Incorporation:		
EW CORPORATE	NAME (if changing):			
	Action-50	lution-Ent	exprise,	CNC
fust contain the word "cor a professional corporation	poration," "company," or "in must contain the word "char	corporated" or the abbrevia tered", "professional associ	ation "Corp.," "Inc.," or ation," or the abbreviati	"Co.") ion "P.A.")
	OPTED- (OTHER THA			umber(s)
, ,			<u>.c</u>)	
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		H		
				<u></u>
· · · · · · · · · · · · · · · · · · ·				
	(Attach addition	onal pages if necessary)		
	·			
	les for exchange, reclass nendment if not containe			

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: 1/-0/-05
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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)
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.
Signature (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)
EDILBERTO ESCOBAR (Typed or printed name of person signing)
Chairman (Title of person signing)

FILING FEE: \$35