# P06000058701

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Certified Copies	Certificates	of Status
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#### **COVER LETTER**

TO: Amendment SectionDivision of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: KIDDLE KOYYOU Child Care Inc.
DOCUMENT NUMBER: P06000 58701
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samatha MOSS  Name of Contact Person
PartyTime PlayHouse inc Firm/Company
6086 Lamonte Street Address
St Cloud F1 34771  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samatha mss at (407) 5723352  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



December 30, 2009

SAMATHA MOSS 6086 LAMONTE STREET ST. CLOUD, FL 34771

SUBJECT: KIDDIE KORRAL CHILD CARE, INC.

Ref. Number: P06000058701

We have received your document for KIDDIE KORRAL CHILD CARE, INC. and your check(s) totaling \$35.00. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L07000022888.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 009A00039550

#### **Articles of Amendment**

### Articles of Incorporation of

Kiddie Korral Cr	nid_	Care, Inc.	~~				
(Name of Corporation as currently filed	I with the F	lorida Dept. of State)	<b>₩</b>				
<u> </u>							
(Document Number of Co	orporation (i	f known)					
Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, th	nis Florida Profit Corporation	adopts ffle following				
A. If amending name, enter the new name of the corp	oration:		日本 日本				
Party Time Play Hous name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designation mame must contain the word "chartered," "professional of the word "chartered," "prof	"corporati	"Inc," or "Co". A profession					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>S</u>	050 Old Hick t.Cloud, fl	Ony Tree Rd				
		34771					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		D86 Lamontes St.Cloud, F13	3 <u>+</u> <u>4</u> 771				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:							
Name of New Registered Agent:							
New Registered Office Address:	(Florida st	reet address)					
		, Florida					
	(City)	(Zip Code)					
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at			f the position.				
Signature o	of New Regi.	stered 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
	<del></del>		☐ Add☐ Remove
·			Add
	iding or adding additional Articles, of additional sheets, if necessary). (Be a		
provis	mendment provides for an exchange ions for implementing the amendme not applicable, indicate N/A)		
	<u> </u>		

The date of each amendment(s) adoption: December 23, 2009	
Effective date if applicable: (date of adoption is required) (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	en
"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.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1212312009	
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)	
Samatha moss (Typed or printed name of person signing)	
Owner President	