

P07000034603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

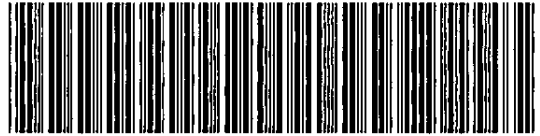
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000158052600

07/08/09--01025--012 **35.00

FILED

2009 JUL -8 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

7-10-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Childrenz World Childcare Inc.

DOCUMENT NUMBER: P0700000341003

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa Hyman
Name of Contact Person

Childrenz World Childcare Inc.
Firm/ Company

7343 Memphis Road
Address

Jacksonville, FL 32277
City/ State and Zip Code

theresa.spaulding@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Hyman at (904) 252-1974
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

☐ \$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)

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

Children's World Childcare, I
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

FILED
2009 JUL -8 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
President	Theresa Hyman	P.O. Box 3515 Jacksonville, FL 32206	☒ Add ☐ Remove
Vice President	Samantha Vickorie Thomas	1144 Arington Rd. Jacksonville, FL 32211	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: July 6, 2009
(date of adoption is required)
Effective date if applicable: July 6, 2009
(no more than 90 days after amendment file date)

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)

☐ 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 July 6, 2009
to 10/6, 2009
Signature Theresa Hyman
(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)

Theresa Hyman
(Typed or printed name of person signing)
President
(Title of person signing)