# P08000010710

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#### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: AMANDA'S CHELDCARE AND ARBSCHOOL, INC.  DOCUMENT NUMBER: POSCOOO 10910
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Amana's Chinchea And Partification  Firm/ Company  1133 A Gurwood Rodd  Address  Order 32220-2133  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 Certificate of Status  Certified Copy Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & \$\sumsymbol{\substack} \sumsymbol{\substack} \sumsymbol{\substack} \sumsymbol{\substack} \sumsymbol{\substack} \supsymbol{\substack} \

#### Mailing Address

TO: Amendment Section

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

## Articles of Amendment to

Articles of Incorporation of

AMANDAIS CHUD CAPA	
(Name of Corporation as currently filed with the l	Florida Dept. of State)
P080000109	′ 0
(Document Number of Corporation (	<del></del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "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:	Por
(Principal office address MUST BE A STREET ADDRESS)	The state of the s
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	SSEE FLORIDA
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent 705 KPH	W CORNBUT
New Registered Office Address: Ok LAND (City)	rwood Ro eet address) , Florida 32720,2133 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar we have a count of New Registered Agent.  Signature of New Registered Agent.	vith and accept the obligations of the position.

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 Doe			
X Remove	<u>~</u> . <u>V</u>	Mike Jones		•	
<u> ∧</u> Kemove	<u>v</u>	TALIKE JOHEZ			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	•	<u>Addres</u> s	
1) Change Add Remove	T	NICHARL	J GATTERING	125 BUFORD AUR ORANGA GIZ, R32763	<u>&gt;</u>
2) Y Change Add Remove	OPT	JOSEPH	W GRNACK	1133 A GERNWOOD RD DANANO, FE 32020. 2,	13.
3) \( \sum_{\text{Change}} \) Change \( Add \) Remove	VPS	AMANDA	CORNACE	1133 A GRANURO RO DAVARD, FZ 32920.213	د
4) Change Add Remove					
5) Change Add Remove	<del></del>		<del></del>		
6) Change Add Remove	· · · · · · · · · · · · · · · · · · ·	<u></u>			

( attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassification, dment if not contains	or cancellation of ad in the amendmo	issued shares, ent itself:	
				<del></del>
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The date of each amendment(s) ac	doption: 2114112
Effective date <u>if applicable</u> :	2/15/12
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast t	for the amendment(s) was/were sufficient for approval
, by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder  pted by the incorporators without shareholder action and shareholder
Dated	2/14/12
Signature 200	rah W Corneck
selected,	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
_	JOSEPH W CORNECT
_	(Typed or printed name of person signing)
1	D. RRITOR - PRRSIDENT, TRAASURE
<u></u>	(Title of person signing)