

P08000057919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

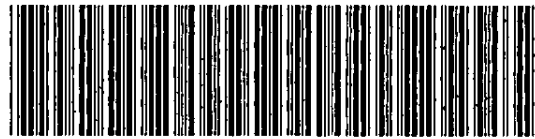
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800132701628

*None Change
Amend*

07/17/08--01014--015 **35.00

FILED

2009 JAN -7 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ASL
1/17/09*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2009

CATHARINA ERIKSSON-KASA
161 SW 5TH CT
POMPANO BEACH, FL 33060

SUBJECT: NINA'S DAY CARE FOR LITTLE ANGELS, INC.
Ref. Number: P08000057919

We have received your document for NINA'S DAY CARE FOR LITTLE ANGELS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Again, you have failed to send a complete application to amend your corporation. I am sending a new form for your convenience. Please complete the entire form before returning to this office. I tried numerous times to reach you by phone with no success.

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
Regulatory Specialist II

Letter Number: 009A00000054



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2008

CATHARINA ERIKSSON-KASA
161 SW 5TH CT
POMPANO BEACH, FL 33060

SUBJECT: NINA'S DAY CARE FOR LITTLE ANGELS, INC.
Ref. Number: P08000057919

We have received your document for NINA'S DAY CARE FOR LITTLE ANGELS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to submit a complete application to amend. I am enclosing a blank application for you to finish and return for filing.

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
Regulatory Specialist II

Letter Number: 408A00042088

Catharina Eriksson-Kosa
161 S E 5th Court
Pompano Beach, FL 33060
954-941-1610

Cheryl Coulliette
Regulatory Specialist II
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dec.12,2008

Dear Ms. Couillette:

Regarding my reference number P08000057919 (Nina's Day Care for Little Angels).

Please be advised that I did not receive an amendment application back in July.

I paid \$35.00 and my check was cashed.

I have just spoken with Annette who advised me to send you a new form (which is attached herewith).

Please take care of the amendment to change the name to Nina's Childcare for Little Angels.

If you have any questions, please call me at above number.

Sincerely,



Catharina Eriksson-Kosa

RECEIVED
2008 DEC 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Nina's Childcare for little Angels

DOCUMENT NUMBER: PO8000057919

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

Please return all correspondence concerning this matter to the following:

Catharina Eriksson-Kosa
(Name of Contact Person)

Nina's Childcare for little Angels
(Firm/ Company)

161 SE 5th Court
(Address)

Pompano Beach, FL, 33060
(City/ State and Zip Code)

For further information concerning this matter, please call:

Nina Kosa at (954) 5665746
(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)

☐ \$32.50 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

JAN 07, 2009 14:57

000-000-00000

Page 2

01/07/2009 14:57 050 245-6897

FL DEPT OF STATE

Form 03/04

FILED

2009 JAN -7 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Nina's Day Care for Little Angels
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

✓ **A. If amending name, enter the new name of the corporation:**

Nina's Childcare for Little Angels, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> 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: 1/6/09

Effective date if applicable:

(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 1/6/09

✓ Signature

[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)

Catharina Eriksson-Kosa
(Typed or printed name of person signing)

President
(Title of person signing)