# P08000018399

(Re	equestor's Name)	
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Amend Husser Floring.

Masser Floring.

Manual Ch 8. 13

### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Heavenly Angels Preschool and learning Composition P080005 78399
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Norma Taylw Name of Contact Person
Firm/ Company  - 2042 Lake Bradford RJ  Address  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 at (850) 284 4889  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  \$43.75 Filing Fee & Certificate Of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status  (Additional copy is enclosed)  (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

## Articles of Amendment to Articles of Incorporation

Heavenly Angels	Prescha	ol and	learning	g centr, 1	NC
(Name of Corporation as currently	filed with the Flo	rida Dept. of State	) · ブ	<del>/</del>	
- 7080°	24 OOC	3399			
(Document Number o	of Corporation (if I	(nown)			
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this F	lorida Profit Corpoi	ration adopts the fo	ollowing amendment(	s) to
A. If amending name, enter the new name of the of the contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	Prescha ord "corporation, p," "Inc," or "C	" "company," or o". A professional	"incorporated" or corporation name	The new representation	NC
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	le:	2012	LakeB	radfood Ro	!
C. Enter new mailing address, if applicable:	ovo	Tallah	cssec Fl	32305	•
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>0                                    </u>				
D. If amending the registered agent and/or regist- new registered agent and/or the new registered		ss in Florida, enter	the name of the	TALLS	Ť
Name of New Registered Agent			<del></del>	#28	Enterior Control of the Control of t
	(Florida stree	t address)		PH PH	11
New Registered Office Address:	(City)	,	, Florida (Zip C	F. S.T.	i sed
New Registered Agent's Signature, if changing Reliable I hereby accept the appointment as registered agent.		ih and accept the ol	bligations of the po	osition.	,
Signature of	New Registered Ay	rent, if changing			•
Signaria Coy i		5, 1)			

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 D	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	<u>ones</u>			
X Add	<u>sv</u>	Sally S	mith			
Type of Action (Check One)	Title	,	Name	01-	ils	Address
1) Change	V· Y	_	Zack	ery th	iller	
Add				/	•	4425 Highway 11 Son
Remove				_		Hillary 64 3 183
2) Change	50	<u>C</u> -	Jawa	nna Sy	Kes	0,000
Add			•	,	-	1'0.607201
Remove						Tallahose, FU
3) Change		_				<u> </u>
Add						
Remove						
4) Change						
Add						
Remove						
5) Change	<del> </del>	<del></del>				
Add	•					
Remove						
6) Change		_			<u>_,</u>	
Add						
Remove						

ttach additional sheets, if necessa	rry). (Be specific	c)			
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an amendment provides for an	i eychande reclas	sification or co	ancellation of is	sued shares	
rovisions for implementing the	e amendment if no	ot contained in	the amendmen	t itself:	
(if not applicable, indicate N	/A)				
W approuve, mendate th					
					_ ~
(y nor apprecione, malecale 17)					
					<del>-</del>

The date of each amendment(s) adoption: 128/13
Effective date if applicable: 129 13
(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"
(voling 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 1/28/13
Signature MAMA CUM
(B) 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)
Norma Curry
(Typed or printed name of person signing)
Tresident
(Title of person signing)