# P10000060055

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**EXAMINER** 

#### **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: KRADLE TO KINDERGARTEN, INC.
DOCUMENT NUMBER: P100000600 55
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TOMMIE B BUTTS, JR.  Name of Contact Person
KRADLE TO KINDERGARTEN, INC.
5730 NW 54 TERRACE
TAMARAC FLORIDA 33319 City/State and Zip Code
Hobutts in a Jahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Tompik B. Butts, TR. at (954) 394-1411
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 (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee FI 32314 2661 Evecutive Center Circle

Tallahassee, FL 32301

### Articles of Amendment

## Articles of Incorporation of

th the Florida Dept.		
5	<del></del>	
ration (if known)		
atutes, this <i>Florida P</i>	rofit Corporation adopt	s the following
tion:		
		The new
	a, enter the name of the	SECRETARY OF STATE TO VISION OF CORPORATIONS  10 SEP 30 AM 9: 54
ń.)	, Florida	*******
I Agent: amiliar with and accep	ot the obligations of the p	osition.
	ration (if known)  tutes, this Florida P  tion:  Orporation," "compa "Corp," "Inc," or "Cociation," or the abbit  ice address in Floridaddress:  orida street address)  ty)    Agent:   Imiliar with and accept	ration (if known)  stutes, this Florida Profit Corporation adopts  tion:  orporation," "company," or "incorporated" "Corp," "Inc," or "Co". A professional corporation," or the abbreviation "P.A."

### 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)

Title	Name	Address	Type of Action
VP_	Name TRACYE WILKERSON	232 E. ACES DR. PLANTATION FLORIDA 33317	Add Remove
<del></del>			☐ Add ☐ Remove
<del></del>			☐ Add ☐ Remove
	ling or adding additional Articles, enter editional sheets, if necessary). (Be specifically specifically sheets)		
provisio	nendment provides for an exchange, recl ons for implementing the amendment if n ot applicable, indicate N/A)		

்ட் The date of each amendment	(s) adoption: <u>09-28-10</u>
1110 0000 01 0000 0000	(date of adoption is required)
Effective date <u>if applicable</u> :	
1 4	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
• •	re approved by the shareholders through voting groups. The following statement of 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Signature <u>\</u> (By sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)  Tomnie B Butts VR  (Typed or printed name of person signing)
	(Title of person signing)
	( 1100 OI POIDOH DIKHIK)