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06/09/14--01033--026 \*\*35.00

Amend 19.14

## **COVER LETTER**

NAME OF CORPORATION: HAPPY HARTS LEARNING CENTER

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

ALESANDER RESPONSE

Name of Contact Person

Firm/ Company

7315 W 2nd CT

Address

HIALDAN PL 33014

City/ State and Zip Code

HAPPY HEADTS LEARNINGER FOR PLANTON

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALESANDER ROSQUETE

at (186) 897 3180

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

TO: Amendment Section

□\$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

## **Articles of Amendment** to

## **Articles of Incorporation** of



MALLA	116466	<b>LEKINDING</b>	CECIEIC	, 110C	
( <u>N</u>	ame of Corporat	ion as currently filed	d with the Flori	da Dept. of State)	<del></del>
	P	10000102481	6		
	(Do	cument Number of Co	orporation (if kn	own)	
its Articles of Inc	orporation:	·	ŕ	<i>ida Profit Corporation</i> ad	opts the following amendment(s) to
A. <u>II amending</u>	name, enter the n	ew name of the corp	<u>ioration:</u>		
		NA			The new
"Corp.," "Inc.,"	or Co.," or the		"Inc," or "Co"	. A professional corpora	rated" or the abbreviation tion name must contain the
	F				

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA

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	ALETANDED ROSQUETE	
	_ NA Same	
	(Flbrida street address)	
New Registered Office Address:		, Florida

(City) (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

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	ALEJANDIZO ROSQUETE	7315 W 2nd or
Add			HIMEAN PL 33014
Remove			
2) Change	VP	GNADALUPE T. HEZHEVARZEIA	7315 W 2rd Cr
Add		<del>.</del>	HIGHERT PL 33014
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
, D			
6) Change			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del></del>	
	<del></del>
an amendment provides for an exchrovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
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)	
(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 06 03 14	
Signature EHellewern	
(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)	
Ovadalibe Hechaarrig	
(Typed or printed name of person signing)	
MRB	
(Title of person signing)	<del></del>