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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Anchor Inc. Child Development Center, I
DOCUMENT NUMBER: P110000 278 2 4
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa Sinin Name of Contact Person
Hychor Inc. Child Development Center Firm/Company
1915 Welby Way
Tallahassee, Fl 32308 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa 5,010 at (850) 320-1377 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 (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional Copy is enclosed)
Mailing Address Street Address

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

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Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed	d Develo	posent (Cente	<u>,</u> ~_	
(Name of Corporation as currently fried	with the Florida Dep	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
(Document Number of Co	Q 21826	1		<u></u>	
(Document Number of Co	orporation (II Known)				
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Pr	ofit Corporation adop	ts the follow	ing an	nendment(s) to
A. If amending name, enter the new name of the corp	oration:	•			
				771	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the above	"Inc," or "Co". A pi	any," or "incorporation of the corporation of the c	ed" or the	abhre	e new eviation tain the
B. Enter new principal office address, if applicable:	<u></u>	···			
(Principal office address MUST BE A STREET ADDR)	<u>ESS</u>)		.5.		
			184,116	<u>⊐</u>	ad into
C. Enter new mailing address, if applicable:			等	X	
(Mailing address MAY BE A POST OFFICE BOX)			1000	2	विकासम् रह्मान्त्रम्
				3.7	
			incerted	<u></u>	entities :
			3144		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	l office address in Flo fice address:	rida, enter the name	of the	!'0	
Name of New Registered Agent					
	(Florida street address)				
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the second of the second	tered Agent: am familiar with and ac	ecept the obligations o	f the positio	n.	
C:	Registered Agent, if ch				
Signature of New	negisierea Ageni, ij ch	ungmg			

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.

Evanalas	e, ana sany smnn	, SV as an Aaa.	
Example: X Change	PT John I	<u>Ooe</u>	FILING CANCELLED
X Remove	V Mike J	dones dones	RETURNED CHECK
X Add	SV Sally S	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		henyatta Siplia	506 Hampton Are
✓ Add			Tallahassee, Fl 32310
Remove			
2) Change	CFO	Carlo Lavern Shaw	500 Hampton Ave
Add			Tallahassee, Fl 32310
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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Auaun aaantonal si	heets, if necessary).	icles, enter chang (Be specific)			
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If an amendment :	provides for an exc	hange, reclassifica	ation, or cancellati	on of issued shares, ndment itself:	
provisions for im	plementing the amount of the indicate N/A)	endinent 11 not co			
provisions for im	piementing the amount in the piece of the pi	enument is not co			
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The date of each amendment(s) adoption: 5/21/2013
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)
Trotting 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
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)