P150000003713

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A RAMSEY

COVER LETTER

Division of Corporations THE BEST Place For Parents Inc NAME OF CORPORATION: _ P150000 63713 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anasay Figuenoa Cruz

Name of Contact Person

THE Best Place For Parents ne

Firm/ Company

3206 Robson Cri

Address

Tampq, 7c 33614

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anasay Figuenoc (izuz at 8/3) 748-1304

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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

FILED

THE BEST PLACE FOR PARENTS INC.

2015 AUG -3 AM II: 10

(Name of Corporati	ion as currently filed with the Florida Dept. of State) Y OF STATE TALEAHASSEE, FLORIDA
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
a. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	The new corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADI	e:
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
D. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sion	nature 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 <math>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> <u>John</u>	Doe		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	SV Sally	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	RubisE/ R	yne/Rodriguez	
Add		•	3206 13	obsan Cv
Remove			Tampa,	76 33619
2) Change				
Add				
Remove				
3) Change				
Add			***************************************	
Remove				
4) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach addition	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)	
	<u></u>	
<u> </u>		
provisions for	at provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: icable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
· -	29 2015
(no more than 90	29, 2015 days after amendment file date)
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thro must be separately provided for each voting group entitled to v	
"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 action was not required.	vithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	
Dated July 29, 20	5/
Signature	HUX
(By a director, president or other effic selected, by an incorporator – if in the appointed fiduciary by that fiduciary)	r if directors of officers have not been hands of a receiver, trustee, or other court
Ann	ame of person signing) Tresident
(Typed or printed n	ame of person signing)
	Tresident
	f nerson signing)