P18000031899

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NOV 0 9 2018 S. YOUNG

COVER LETTER

NAME OF CORPORATION: ____KIDS CORNER BEHAVIOR SERVICES, INC. DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YVONNE RODRIGUEZ Name of Contact Person KIDS CORNER BEHAVIOR SERVICES, INC. Firm/ Company 2224 W COLUMBIA AVE Address KISSIMMEE, FL 34741 City/ State and Zip Code kidscomerbehaviorservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YVONNE RODRIGUEZ at (407) 799-1978

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

S35 Filing Fee

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□S52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

KIDS CORNER BEHAVIOR SERVICES, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000031899	The with the torical pept, of that
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	TheThe
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	io". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent	SS in Florida, enter the name of the
tFlorida stre.	et address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	

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: XChange X Remove X Add	PT John I V Mike . SV Sally !	<u>joneş</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPD	ADEL M CEBALLOS ROSARIO	520 HERMITS TRL
X Add			ALTAMONTE SPRINGS, FL
Remove			32701
2) X Change	TSD	YVONNE L. RODRIGUEZ	2208 W COLUMBIA AVE
Add			KISSIMMEE, FL 34741
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	11/01/18	
The date of each amendment(s)	adoption:	if other than the
date this document was signed.	1/01/2010	
Effective date if applicable:	1/01/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
11/01/2	1018	
Dated		
	$\langle h h h h h h h h h h h h h h h h h h h$	
Signature	<u></u>	
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	ADRIANA CURBELO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	