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	(City/State/Zip/Phone #)				
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-	(Business Entity Name)				
<del></del>	(Document Number)	_			
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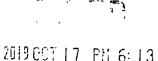
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	KIDS CORNER	BEHAVIOR SERVICES, I	NC.				
DCUMENT NUMBER: P18000031899							
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.					
Please return all correspondence	concerning this ma	tter to the following:					
ADRIAN	A CURBELO						
<del></del>		Name of Contact Person	n				
KIDS CO	KIDS CORNER BEHAVIOR SERVICES, INC.						
		Firm/ Company					
2208 W (	COLUMBIA AVE	• •					
<del></del>		Address	_				
KISSIMN	MEE, FLORIDA 3	4741-343 <i>6</i>					
<del></del>		City/ State and Zip Cod	e				
kidscomerba@	ðemail.com						
		sed for future annual report	notification)				
		·					
For further information concerning	g this matter, pleas	se call:					
YVONNE RODRIGUEZ		at (	201-6255				
Name of Contact 1	Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the follow	ring amount made	payable to the Florida Depa	artment of State:				
=	.75 Filing Fee & tificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐552.50 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



KIDS CORNER BEHAVIOR SERVICES, INC.		
(Name of Corporati P18000031899	ion as currently file	d with the Florida Dept. of State)
(Docum	nent Number of Cor	poration (if known)
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this <i>Flori</i>	ida Profit Corporation adopts the following amendment(s) to
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	," "Inc," or "Co".	A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>	<u>.</u>	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO  D. If amending the registered agent and/or registernew registered agent and/or the new registered		N /A  n Florida, enter the name of the
Name of New Registered Agent		
	(Florida street ac	
New Registered Office Address:	N/A (City	, Florida (Zip Code)
New Registered Office Address:  New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	N/A (City	, Florida

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VPD	ADEL M CEBALLOS ROSARIO	520 HERMITS TRAIL
Add			ALTAMONTE SPRINGS, FL
X Remove			32701
2) Change			
Remove			
3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

	onal sheets, if necesso	ry). (Be specific)			
	N/A				
_					_
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		<u>-</u> -			
an amendi	nent provides for an	exchange, reclassi	fication, or cancell	ation of issued sha	res,
<u>provisions f</u>	or implementing the	amendment if not	contained in the a	mendment itself:	
(ij not a	oplicable, indicate N t -	a)			
	NA				
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<del></del>					
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		<del>.</del>			

	10/10/2	019		
The date of each amendment(	s) adoption:			, if other than the
date this document was signed.	10/10/2010			
Effective date if applicable:	10/10/2019			
<u></u>	(no	more than 90 days aft	er amendment file date)	
Note: If the date inserted in the document's effective date on the			nory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK</u>	ONE)		
■ The amendment(s) was/were by the shareholders was/wer			of votes cast for the amendment(s)	
☐ The amendment(s) was/were must be separately provided	approved by the shart for each voting grou	cholders through voting entitled to vote separ	ng groups. The following statement rately on the amendment(s):	
"The number of votes				
by			,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	(voting g	oup)		
<ul> <li>□ The amendment(s) was/were action was not required.</li> <li>□ The amendment(s) was/were action was not required.</li> </ul>			hareholder action and shareholder holder action and shareholder	
	1/2019			
Signature				
sel		tor – if in the hands of	rectors or officers have not been a receiver, trustee, or other court	
	ADRIAN	A curbelo		
	(Турс	or printed name of p	erson signing)	
	PRESIDENT	Ainesto.		
		Title of person :	signing)	