# P18000052495

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Amend

SEP 1 4 2018

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	line Preschool & Nursery
DOCUMENT NUMBER: P1800(	X 52495
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Oma	Name of Contact Person
<u> </u>	Firm/ Company
900 SILK	wood ct
	Address
Longuago	d FL 30750
	City/ State and Zip Code
	DOS 0603 @ hot mail com sed for future annual report notification)
For further information concerning this matter, please	se call:
Omar Campos	at (47) 322-3298
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	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
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Tallahassec, FL 32301

#### Articles of Amendment

to

### Articles of Incorporation

of

Funshine Preschool	and Nursery INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000052495	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". 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	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	, n
Name of New Registered Agent	- I
	5. 1. S. 1.
(Florida stree	l address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Office Address:  (C)  New Registered Agent's Signature, if changing Registered Agent:	raddress)  Florida  (Zip Code)
Agent's Signature, if changing Registered Agent: e appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
. , ,, o	
Signature of New Reg	gistered 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Omar Campos	
Add			
Remove			
2) Change	P	Omar Campos-Fernande	
_X Add			<u>Sanford F1 32773</u>
Remove			<del></del>
3)Change			
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del> </del>
Remove			
6) Change			<del></del>
Add			
Remove			

,	g additional Articlets, if necessary).	(Be specific)			
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amendment pro	vides for an exchar	nge, reclassification	n, or cancellation	of issued shar	<u>es,</u>
(if not applicable	menting the amend in indicate N/A)	iment it not contai	neo in the ameni	iment fiseit:	
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The date of each amendment(s) adoption date this document was signed.	ption:	, if other than
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this date rtment of State's records.	will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
in the amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):	!
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 9-1	0-2018	
selected, t	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	Omar Campos Fernando (Typed or printed name of person signing)	25
	President (Title of person signing)	

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