P18000052495

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corp	porations	·	•		
NAME OF CORPO		ol and Nursery	- 		
DOCUMENT NUM	P18000052495 BER:				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Mia Fiorucci				
	Name of Contact Person				
	Funshine Preschool and Nursery				
		Firm/ Company			
	900 Silkwood Court				
	Address				
	Longwood Fl 32750				
		City/ State and Zip Code	·		
	admin@funshine-Preschool.	com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Mia Fiorucci		407 at (865 4888		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ertment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
	nendment Section		ment Section		
	vision of Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Funshine Preschool and Nursery Inc	**C	2 to the man to 7620 and 62 to	\
P18000052495	I Corporation as currently lik	ed with the Florida Dept. of State	970111114
	(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation adopts the	following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
			Тће пеw
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A pro		
B. Enter new principal office address, (Principal office address MUST BE A S			
	-		
	-	 	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	<u>cable;</u> OFFICE BOX)		
 If amending the registered agent an new registered agent and/or the nev 		in Florida, enter the name of the	
Name of New Registered Agent	Mia Fiorucci		
	331 WILLO	Orde	
	(Florida street a	ddress)	
New Registered Office Address:	<u>Sanford</u>	. Florida	32773
_	Cin	9	(Zip Code)
New Registered Agent's Signature, if cl hereby accept the appointment as regist		and accept the obligations of the p	osition.
	auia fin	OOCO Tered Agent, if changing	<u></u>
	Signature of New Regist	ered Agent, if changing	
Chack if annlicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

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)	Title	Name	Address
1)Change	- P	Omar Campos Fernandez	119 Pinecrest Sanford FL 32773
Add			
Remove 2) Change	P	Mia Fiorucci	331 Wilton Circle, Sanford FL 32773
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			.
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Damaua			

	Articles, enter chang ury). (Be specific)			
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<u> </u>				···
				
amendment provides for an	archanga raciassific	ution or cancellation	of icenad chares	
visions for implementing the	amendment if not co	ntained in the amend	ment itself:	
(if not applicable, indicate N/	(A)			
	·			
				

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendation of the first state of the provided that the shareholders is a superior of the shareholders.	ment(s)
	roved by the shareholders through voting groups. The following steach 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	•	
o,	(voting group)	
07/13/2020	72	
Dated_		
		
Signature	Mug Froscer	
	rector, president or other officer - if directors or officers have not	
	I, by an incorporator - if in the hands of a receiver, trustee, or othe	r court
appoint	ed fiduciary by that fiduciary)	
	Mia Fiorucci	
	Mia Hordeci	
	(Typed or printed name of person signing)	
	Vice President	
	President	
	(Title of person signing)	