## P19000009338

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Amend

DAY 8.1 7929 LALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	iani Cakes Preschool CORP 1900000 9338
The enclosed Articles of Amendment and fee	e are submitted for tiling.
Please return all correspondence concerning to	this matter to the following:
	Auch Lopet  Name of Contact Person  Lailes Preschool Corp  Firm/ Company  D N W 87 AVE # 111  Address  Lail LAILES FL 33015  City/ State and Zip Code
E-mail address: (t	to be used for future annual report notification)  er, please call:
Aust Lepet Name of Contact Person	at (786) & LL32899  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florida Department of State:
\$35 Filing Fee	Fee & S43.75 Filing Fee & S52.50 Filing Fee tatus  Certified Copy (Additional copy is characteristic)  Certified Copy (Additional Copy is characteristic)  (Additional Copy is characteristic)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

Articles of Incorporation

Miquei Lakes Preschool coxp	
(Name of Corporation as currently filed with the Florida Dept. of State	)
P140000 9328	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	9.
	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ن ا
<del></del>	<del></del>
<del></del>	5
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent VALPAGE PULCS	<del></del>
(Florida street address)	
New Registered Office Address: MQUILAGE. Florida_	33015 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po	sition.
VD-	

Signature of New Registered Agent, if changing

Check if applicable 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	PT John Doe		
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	SV Sally Smith		
Type of Action (Check One)  1) Change	Title Name  Luis 4		Address 7843 NWIDST
AddRemove 2)Change	P VAIER	e Pulles	18600 n w 87 Aere
			HILL Miani Cakes Fe 330/S
Remove 4) Change Add			
Remove 5) Change Add			
Remove ) Change Add	<del></del>	- 	
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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t an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	
(if not applicable, indicate N/A)	The second secon
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The date of each amendment(s) adop	tion:	17/10	120		_, if other than the
date this document was signed.			-		_,
Effective date if applicable:					
	(no n	nore than 90 days	after amendment fil	e date)	
Note: If the date inserted in this block document's effective date on the Depart			atutory filing requi	rements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK	ONE)			
The amendment(s) was/were adopte action was not required.	d by the incorp	orators, or board o	of directors without	shareholder action and s	shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffic			er of votes cast for	he amendment(s)	
☐ The amendment(s) was/were approvemust be separately provided for each					
"The number of votes cast for	the amendment	t(s) was/were suffi	cient for approval		
by	(voting gre		•••		
	(voting gra	oup)			
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Dated	2/10/2		<i>4</i> -		
Signature	=	Di.			
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