# P19000030947

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(Business Entity Name)
(Document Number)
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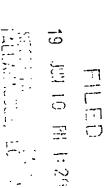
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JUN 2 2 2019 S. YOUNG



## COVER LETTER

TO: Amendment Section Division of Corpor			_	
NAME OF CORPORA	Hard	ee Child	care Center	- Inc
DOCUMENT NUMBE	er: <u>P19000</u>	030947		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this mat	tter to the following:		
-	- 1h	romas /	revino	-
_	Harde	Name of Contact Person Personal Person Firm/ Company	cure Cente	_
_	P.O.	Box 188	83	_
	Way	Address Wala FC	33873	
_	/ .	City/ State and Zip Cod		-
	hardee y	outhogym and for theore annual report	notification)	
For further information	concerning this matter, pleas	se call:		
SAMANT	ha Olmo	S at \$65	245-93	34
Name of	Contact Person	Area Co	de & Daytime Telephone Numbe	<del></del> /
Enclosed is a check for	the following amount made p	payable to the Florida Depo	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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

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# Articles of Incorporation

(Name of Corporation as currently	filed with the Florida Dept. of State)
D190000 309	347
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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 "IB. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	"o". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	DE TO PE
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	rith and accept the obligations of the position.
Signature of New Re	egistered 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.

X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	$\underline{V}$	Mike Jo	nes	
<u>X</u> Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		<del></del>		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

	lding additional Art sheets, if necessary)	(Be specific)				
				<del></del>		
	-					
					-	
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		·		<del></del>		
f an amendment	provides for an exc	hange reclassific	ation or cancell	ation of iccusal cl	19 roc	
	plementing the ame					
(if not applied	able, indicate N/A)		<del></del>			
	<del></del>					
			, , , , , , , , , , , , , , , , , , , ,			
		.,				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	at(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated  Signature  (By a director/pracident or other officer – if directors or officers have not bee scheeted, by an incorporator – if in the hands of a receiver, trustee, or other coappointed tiduciary by that riduciary)  [Typed or printed name of person signing)	
(Title of person signing)	