	NOW: FILING F	EE AFTER M	AY 1ST I	S \$550	.00	F	ILED	
	ROFIT	F A		RTMENT OF	STATE	Feb 20 1	998 8:00	0an
	PORATION			<ol> <li>Mortham ry of State</li> </ol>	1			
1998			DIVISION OF CORPORATIONS			Secretary of State		
DOCUN	NENT # P96	0000546	28 (8)					
	OOL DAY CARE, INC		• •					
rincipal Place	of Business	Mailing A	ddress	• ••••			HIL BOIDT DINT DIDTO DITTO TIONT PO	ii <b>ii</b> ii
1175         BENJAMIN AVENUE         1175         BENJAMIN AVENUE           ORLANDO         FL         32789         ORLANDO         FL         32789								
						DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE	
						06/26/1996		
, Principal Pla 	ce of Business	2a. Mailin 26	g Address			4. FEI Number 59-3388704	Applie Not Ar	od For opticable
Suite, Apt. #	, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> Add	itional
City & State		27 City 8	State			6. Election Campaign Financing	Fee Requi	
Zip	Country	28 Zip	<u>-</u>	Country	,	Trust Fund Contribution 8. This corporation owes or has pa	Added to F	ees
	25	29		30		Personal Property Tax due June	30. 🗍 Yes 🗍 N	
MAS	9. Name and Address of SEY, GARY E	Current Registered /	Agent	81	Name	10. Name and Address of New Re	gistered Agent	
112 1	WEST CITRUS STREET			82	Street Ad	dress (P.O. Box Number is Not Acceptat	ble)	·
ALTA	Monte springs fl 32	714-2577		83				
				84	City		85 Zip Cod	e
Pursuant to	the provisions of Sections 6	07 0502 and 607 150	8 Elorida Statut		•			·
office or to	nistered agent or both in the			as ina anove	a-named co	propriation submits this statement for the r	surpose of changing its re	nistered L
agent. I am	familiar with, and accept the	e State of Florida, Suc e obligations of, Section	h change was a on 607.0505, Fic	es, the above authorized by prida Statutes	e-named co the corpor a.	propration submits this statement for the pration's board of directors. I hereby accept	purpose of changing its re of the appointment as regi	gistered istered
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