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COREAMND/RESTATE/CORRECT OR O/D RESIGN

PIN-PON DAY CARE CORPORATION

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08/25/09

August 25, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PIN-PON DAY CARE CORPORATION 2123 WEST FLAGLER ST MIAMI, FL 33135

SUBJECT: PIN-PON DAY CARE CORPORATION

REF: P98000059782

We received your electronically transmitted document. However, the document has not been filed. Flease make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Irene Albritton Regulatory Specialist II FAX Aud. #: H09000188267 Letter Number: 709A00028675

P.O BOX 6327 - Tallahasseo, Florida 32314

Articles of Amendment to Articles of Incorporation

PIN PON DAY CARE CORPORATION (Name of Corporation as currently filed with the Florida Dept. of State) P98000059782 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

A. If amending name, enter the new name	The new
abbreviation "Corp.," "Inc.," or Co.," or	in the word "corporation," "company," or "incorporated" or the the designation "Carp," "Inc," or "Co". A professional corporation professional association," or the abbreviation "P.A."
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>	
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	
D. If amending the registered agent and/o new registered agent and/or the new re	or registered office address in Florida, enter the name of the egistered office address:
Name of New Registered Agent:	SANCHEZ EIMMA
New Registered Office Address:	2123 WEST FLAGLER ST (Florida street address)
	MIAMI , Florida 33135 (City) (Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nglog Registered Agent: ad agent. I am familiar with and accept the obligations of the position.
2	Signature of New Registered Agent, if changing
	4 Dikitetine of them Vernieten uikeur' il chanking

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removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) <u>Address</u> Type of Action <u>Title</u> Name **PDT** SANCHEZ, EIMMA 2123 WEST FLAGLER STREET Add MIAMI, FL 33135 ALVAREZ, ESPERANZA PT 2123 WEST FLAGLER ST ☑ Remove MIAMI, FL 33135 Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

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The date of each amendmen	t(s) adoption: O8	3/20/2009
Effective date <u>if applicable</u> :	08/20/2009	(date of adoption is required)
,	(no more than 9	00 days after amendment file date)
Adoption of Amendment(s)	(CH	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
The amendment(s) was/we must be separately provide	re approved by the ed for each voting	ne shareholders through voting groups. The following statemen group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	idment(s) was/were sufficient for approval
by	(voting group)	<u> </u>
action was not required.	-	e board of directors without shareholder action and shareholder e incorporators without shareholder action and shareholder
Dated_08/2	20/2009	
sel	director, presid	dent or other officer – if directors of officers have not been reporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		EIMMA SANCHEZ
	(Ту	ped or printed name of person signing)
	·	PRESIDENT/DIRECTOR
	(Title o	of person signing)

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