Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003506363)))



H240003506363ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ogrisales@grshlaw.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN KIDDIE HAVEN PRE-SCHOOL, INC.

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	. \$43.75

40CT 21 PM 2:

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

KIDDIE HAVEN PRE-SCHOOL, INC.			
(Name o	of Corporation as current	ly filed with the Florida Dept.	of State)
P98000098410			
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
	·		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co"	A professional corporation na	or the abbreviation "Carp.," me must contain the word
B. Enter new principal office address.		2783 GULFSTREAM RD.	
(Principal office address MUST BE A S		LAKE WORTH, FL 33461	2024 OCT 21
			OCT 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2783 GULFSTREAM RD.	21
		LAKE WORTH, FL 33461	9
			30
D. If amending the registered agent at new registered agent and/or the new Name of New Registered Agent			e of the
waine of well nevisiered Agent	115 Via Veracruz		
	(Florida st	rees address)	
	Jupiter	,	33458
New Registered Office Address:		(City)	Florida (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registered.	hanging Registered Agen dered agent. I am familiar	t: with and accept the obligations	of the position.
<u> </u>	Signature of New I	Registered Agent, if changing	· ·
Check if applicable The amendment(s) is/are being filed p	oursuant to 3. 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	Y	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	•	Address	2024 OCT 21	' بعد ، . اد ع
1) Change					172	. at 1
Add			_		21	•
Remove			_		بة ــــــــــــــــــــــــــــــــــــ	, -5 +:
2) Change		_			<u>:</u>)
Add			-			
Remove Change		<u> </u>				
Add			_			
Remove			_			
4) Change						
Add			_			
Remove			_		•	
5) Change						
Add			-		•	
Remove			-			
6) Change						
Add			-		 	
Remove			_			

. If amending or adding additional Articles, enter chang	(((M24000350636 3)))
(Attach additional sheets, if necessary). (Be specific)	lets) here:
	· · · · · · · · · · · · · · · · · · ·
	20
	2011.001
······	. 2
	· · · · · · · · · · · · · · · · · · ·
	30
If an amendment provides for an exchange, reclassifier provisions for implementing the amendment if not con-	ation, or cancellation of issued shares, ntained in the amendment itself;
(if not applicable, indicate N/A)	
	:
	,
	·

(((H24000350636.3)))

The date of ea	ach amendment(s) adoption: 10/21/2024	, if other than the
	ment was signed.	, if vitet that the
Effective date	if applicable:	
	(no more than 90 days after amendment file date)	
Note: If the document's eff	late inserted in this block does not meet the applicable statutory filing requirements, this date fective date on the Department of State's records.	will not be listed as the
Adoption of A	mendment(s) (CHECK ONE)	
	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action not required.	and shareholder
The amenda by the share	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) cholders was/were sufficient for approval.	
OThe amenda must be sep	ment(s) was/were approved by the shareholders through voting groups. The following statement parately provided for each voting group entitled to vote separately on the amendment(s):	2024 OCT 2
"The	number of votes cast for the amendment(s) was/were sufficient for approval	2
by _	N/A"	
	(voting group)	9
•	n 10/21/2024	30
	Dated	
	Signature	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Dayan Silva	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	