SIGNATURE: MARIA BULES

Electronic Signature of Signing Officer/Director Detail

BULES, MARIA C

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

0 Ti Ν Address 2507 MATHESON AVE 2507 MATHESON AVE Address City-State-Zip: SPRING HILL FL 34608 City-State-Zip: SPRING HILL FL 34608

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034008

Entity Name: MARIA BULES FAMILY DAYCARE HOME, INC.

Current Principal Place of Business:

2507 MATHESON AVE SPRING HILL, FL 34608

Current Mailing Address:

2507 MATHESON AVE SPRING HILL, FL 34608 US

FEI Number: 20-2464803

Name and Address of Current Registered Agent:

2507 MATHESON AVE SPRING HILL, FL 34608 US

	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	MS	Title	S
Name	BULES, MARIA	Name	BULES, RAUL
Address		Addross	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/25/2016 Date

FILED Apr 25, 2016 Secretary of State CC5990505792

Certificate of Status Desired: No

Date