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.

PRESIDENT

SIGNATURE: ADA PEREZ

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P10000079799

Entity Name: RAYOS DEL SOL DAY CARE CORP

Current Principal Place of Business:

2600 E LE JEUNE ROAD HIALEAH, FL 33013

Current Mailing Address:

2600 E LE JEUNE ROAD HIALEAH, FL 33013

FEI Number: 47-1303228

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PEREZ, ADA 2600 E LE JEUNE ROAD HIALEAH, FL 33013 US

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:

Officer/Director Detail :

Title	P	Title	VP
Name	PEREZ, ADA	Name	PEREZ, GONZALO
Address	2600 E LE JEUNE ROAD	Address	2600 E LE JEUNE ROAD
City-State-Zip:	HIALEAH FL 33013	City-State-Zip:	HIALEAH FL 33013

FILED Nov 01, 2016 Secretary of State CC9872783727

Date

Certificate of Status Desired: No

Date

11/01/2016