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 i	f 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: DANIEL M SACCAL

I

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P19000056127

Entity Name: CHILD CARE PROVIDERS, INC

Current Principal Place of Business:

4091 JONQUIL CR S PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4091 JONQUIL CR S PALM BEACH GARDENS, FL 33410

FEI Number: 84-2494974

Name and Address of Current Registered Agent:

SACCAL, DANIEL M 4091 JONQUIL CR S PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	VP
Name	SACCAL, DANIEL M	Name	SACCAL, KIMBERLY M
Address	4091 JONQUIL CR S	Address	4091 JONQUIL CR S
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

Date

Certificate of Status Desired: No

FILED Apr 29, 2024 Secretary of State 9285386506CC

Date

04/29/2024