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. 03/30/2019

PRESIDENT

SIGNATURE: MR. SUNDAY AKINBIYI

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P97000001705

Entity Name: BOLA CHILDCARE & LEARNING CENTER INC.

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

70 NE 80 TERR MIAMI, FL 33138

Current Mailing Address:

P.O.BOX 380373 MIAMI. FL 33238 US

FEI Number: 65-0760793

Name and Address of Current Registered Agent:

AKINBIYI, SUNDAY 18542 NW 23RD CT. MIAMI GARDENS, FL 33056 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	PRES	Title	DVP
Name	AKINBIYI, SUNDAY	Name	AKINBIYI, JOSEPHINE
Address	18542 NW 23RD CT.	Address	18542 NW 23RD CT.
City-State-Zip:	MIAMI GARDENS FL 33056	City-State-Zip:	MIAMI GARDENS FL 33056

Certificate of Status Desired: No

Date

FILED Mar 30, 2019 Secretary of State 8612651719CC

Date