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.

SIGNATURE: CRAIG A WAGNER

Electronic Signature of Signing Officer/Director Detail

FEI Number: 59-3235279 Name and Address of Current Registered Agent:

CLEMENT, G. EDWARD ESQ. 308 E. FIFTH AVENUE MOUNT DORA, FL 32757 US

DOCUMENT# P93000087724

100 GROGANS LAKE DRIVE SANDY SPRINGS. GA 30350

Current Mailing Address: 100 GROGANS LAKE DRIVE SANDY SPRINGS, GA 30350 US

Current Principal Place of Business:

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	DP	Title	S
	Name	WAGNER, CRAIG A	Name	WAGNER, DEBORA M
	Address	100 GROGANS LAKE DRIVE	Address	100 GROGANS LAKE DRIVE
	City-State-Zip:	SANDY SPRINGS GA 30350	City-State-Zip:	SANDY SPRINGS GA 30350

Certificate of Status Desired: No

FILED Mar 11, 2019 Secretary of State

4764562694CC

03/11/2019 Date

PRESIDENT

Т

Electronic Signature of Registered Agent

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: PAISLEY OAKES CHILD CARE CENTER, INC.

Date