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 WAGNER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P93000087724 Entity Name: PAISLEY OAKES CHILD CARE CENTER, INC.

Current Principal Place of Business:

100 GROGANS LAKE DRIVE SANDY SPRINGS, GA 30350

Current Mailing Address:

100 GROGANS LAKE DRIVE SANDY SPRINGS. GA 30350 US

FEI Number: 59-3235279

Name and Address of Current Registered Agent:

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

PRESIDENT

06/12/2020 Date

FILED Jun 12, 2020 Secretary of State 4006418237CC

Certificate of Status Desired: No

Date