## SIGNATURE: O.B. STANDER

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Title	D	Title	С
Name	CRISER, MARK	Name	METHENY, MARK
Address	101 E. KENNEDY BLVD. , SUITE 3700	Address	15550 LIGHTWAVE DRIVE, SUITE 210
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	CLEARWATER FL 33760
			_
Title	D	Title	Ρ
Title Name	D STANDER, O.B.	Title Name	P WILSON, JAMEY
	-		WILSON, JAMEY 701 S. HOWARD STREET
Name	STANDER, O.B.	Name	WILSON, JAMEY

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.

## FEI Number: 23-7155996

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HULL, DAVID J SMITH, HULSEY & BUSEY 225 WATER STREET, STE. 1800

**Officer/Director Detail :** 

SIGNATURE:

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 722141

Entity Name: AMIKIDS TAMPA, INC.

#### **Current Principal Place of Business:**

1730 MARITIME BLVD. TAMPA, FL 33605

#### **Current Mailing Address:**

AMIKIDS, INC. 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634

JACKSONVILLE, FL 32202 US

FILED Apr 28, 2015 Secretary of State CC7789280926

Certificate of Status Desired: Yes

04/28/2015

Date

DIRECTOR

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 617, Florida Statutes; and that my name appears