Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000023477 3)))



H250000234773ABC/

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500

: (800)432-3622 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KIDS EMPIRE PINE TRAIL WEST PALM BEACH (FL) LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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T. LEMIEUX JAN 24 2025

5

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H25000023477

COVER LETTER

		n Section Corporations						
SUBJECT:	Kids I	Empire Pine Trail West Palm Bo	each (FL) LLC					
JODGE CT.		Name of Foreign Limited Liability Company						
Dear Sir or	Madam	:						
The enclose	d appli	cation, certificate and fee(s)) are submitted	for filing	g.			
Please return	n all co	rrespondence concerning th	nis matter to the	followi	ng:			
		Name of Person		_				
		Firm/Company		-				
		Address		_				
		City/State and Zip Cod	le	-				
E-mail ad	dress: (to be used for future annua	l report notifica	ntion)				
For further i	nforma	tion concerning this matter	, please call:					
			at ()				
	Nar	ne of Person	Area Code	& Day	time Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enc. □\$25 Filing CR2E055 (9/15	g Fee	a check for the following ☐ \$30 Filing Fee & Certificate of Status	amount: \$55 Filing Certified (☐ S60 Filing Fee, Certificate of Status & Certified Copy			

H25000023477

Docusign Envelope ID: 3D326699-9808-44A8-BA50-C9DCF46B72E9

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appear State: Kids Empire Pine Trail West Palm Beach	
Enter new principal office address, if applicable:	1837 North Military Trail, C
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FI. 33409
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lie	
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 6/27	2022 :
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: K (mus	ids Empire Florida LLC () st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C.	i for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office as	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
 -	, Florida City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	egistered Agent: nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
IfC	Changing Registered Agent, Signature of New Registered Agent

	108-44A8-8A50-C9DCF48B72E9 changes the jurisdiction of organ	ization, indicate new jurisdiction:	H2500002			
3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that changes						
Title/ Capacity	Name	Address	Type of Act			
						
			□Ren			
			□Rei			
			□Rer			
			□Ad			
			□Rer			
aforementioned arr	ficate, if required: no more than 9 nendment(s), duly authenticated lithe law of which this entity is org	by the official having custody of records	□Rcr s in the			
		of the authorized representative				

Filing Fee: \$25.00

Typed or printed name of signee

H25000023477

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "KIDS EMPIRE PINE

TRAIL WEST PALM BEACH (FL) LLC", FILED A CERTIFICATE OF MERGER,

CHANGING ITS NAME TO "KIDS EMPIRE FLORIDA LLC" ON THE THIRTIETH

DAY OF DECEMBER, A.D. 2024, AT 1:05 O'CLOCK P.M.

AND I DO HERBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2024 AT 11:59 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIDS EMPIRE FLORIDA LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2022.

Authentication: 202725198 Date: 01-17-25