

NO6 0000 10388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

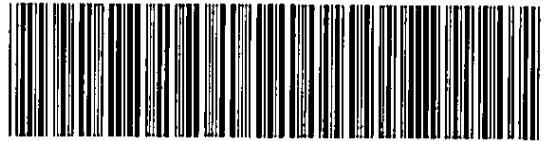
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke with Deborah S.
on 9/23/19 to notify her
of Receipt of Document & to
Approve corrections.

ST

Office Use Only



100333646951 ✓

08/23/19--01016--015 **35.00

S TALL FANT

SEP 23 2019

FILED
2019 SEP 20 PM 1:41
FBI - TAMPA

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2019

DEBORAH SPRAUGE
KID FINDERS NETWORK, INC.
9145 NARCOOSSEE ROAD STE 106
ORLANDO, FL 32827

SUBJECT: KID FINDERS NETWORK, INC.
Ref. Number: N06000010388

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00018325

RECEIVED
2019 SEP 20 PM 2:13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KID FINDERS NETWORK, INC.

DOCUMENT NUMBER: N06000010388

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBORAH SPRAUGE

(Name of Contact Person)

KID FINDERS NETWORK, INC.

(Firm/ Company)

9145 NARCOOSSEE ROAD STE 106

(Address)

ORLANDO, FLORIDA 32827

(City/ State and Zip Code)

KFNSERVICES@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBORAH SPRAUGE

877

663-5678

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

Kid Finders Network, Inc.

NO6000010388

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

DEBORAH SPRAUGE

9145 NARCOOSSEE RD STE 106

(Florida street address)

New Registered Office Address:

ORLANDO

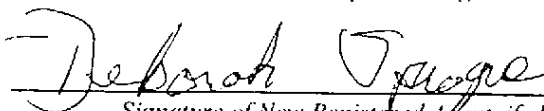
(City)

Florida 32827

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PT</u>	<u>Milstead, William Dennis</u>	<u>9145 Narcoossee Rd Ste 106</u>
<input type="checkbox"/> Add			<u>Orlando, Florida 32827</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>PT</u>	<u>Sprauge, Deborah J</u>	<u>9145 Narcoossee Rd Ste 106</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, Florida 32827</u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>Dir</u>	<u>Riddle, James</u>	<u>9145 Narcoossee Rd Ste 106</u>
<input type="checkbox"/> Add			<u>Orlando, Florida 32827</u>
<input checked="" type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>Dir</u>	<u>Timmothy Cunningham</u>	<u>9145 Narcoossee Rd Ste 106</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, Florida 32827</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>Dir</u>	<u>Groover, Karen</u>	<u>9145 Narcoossee Rd Ste 106</u>
<input type="checkbox"/> Add			<u>Orlando, Florida 32827</u>
<input checked="" type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

JUNE 6, 2019

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

JUNE 6, 2019

Dated

Signature

Deborah Sprague

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator-if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DEBORAH SPRAUGE

Deborah Sprague

(Typed or printed name of person signing)

PRESIDENT

President

(Title of person signing)