NOBOU	105292
(Requestor's Name) (Address) (Address)	200322837212
(Ĉity/State/Zip/Phone #)	- 4 01/11/1901017030 ++3 5.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	ý
Special Instructions to Filing Officer:	FILED 19 JAN 28 AN 7:43 SECRETARY OF STATE MALLAHASSEE, FLORIDA
Office Use Only	
	O SIMAJONS FEB 0 4 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2019

MICHAEL GREGORY 1715 LITHIA PINECREST RD BRANDON, FL 33511

SUBJECT: A KID'S PLACE OF TAMPA BAY, INC. Ref. Number: N08000005292

We have received your document for A KID'S PLACE OF TAMPA BAY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 719A00001311

, ,

GC 12 7.3

www.sunbiz.org

Division of Comparations, D.O. DOV COOP (1) 1 1 DI 11 COOP

<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Q KID'S PLACE OF TAMPA BAY, INC.
DOCUMENT NUMBER: NO 20000 5292
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALYSSA VASQUEZ (Name of Contact Person)
<u>A KID'S PLACE OF TAMPA BAY, INC</u> (Firm/ Company)
1715 LITHIQ PINECREST RD (Address)
BRANDON FL 33511 (City/ State and Zip Code)
AVASQUEZ @ AKIDSPLACE · ORG E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
<u>ALVSSA VASQUEZ</u> (Name of Contact Person) at <u>813 · 381 · 3839</u> (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 & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

۰.

I

Articles of Amendment to Articles of Incorporation of MP (Name of Corporation as currently filed with the Florida Dept. M0800 00529 (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: (Florida street address) New Registered Office Address: , Florida (City)(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

Page 1 of 4

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add		Doe 5 Jones 6 Smith		
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) _X_ Change Add Remove	CEO	MICHAEL GREGORY	1715 LITHIQ PINECREST & BRONDON, FL 335H	ZΦ.
2) Change Add Remove			E. FLORIDA	
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				
ACHIONC		Page 2 of 4		

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
	<u> </u>
	
	1 <u>1</u> <u>1</u> <u>1</u>
	1.001

۰.

The date of each amendment(s) ad date this document was signed.	option:, if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
<u>Note:</u> If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will to be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
was/were sufficient for approva	5
There are no members or memb adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were 豊田 る
Dated	25/19 1
Signature	Withe Mayo
Signature (By the chair) have not bee	man or vice chairman of the board pesident or other officer-if directors en selected, by an incorporator - if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
Signature (By the chair have not bee	in selected, by an incorporator durin the hands of a receiver, trustee, or
Signature (By the chair have not bee	in selected, by an incorporation during the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) $Chae Gregory$