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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

•		
O: Amendment Section Division of Corporations	•	•
NAME OF CORPORATION: Codys Kid	ls, Inc.	
DOCUMENT NUMBER: N120000039	970	
The enclosed Articles of Amendment and fee are subm	itted for filing	
Please return all correspondence concerning this matter	_	
	,	
CARYN ATKINS	Name of Contact Person	
	. value of Contact i cisc	
CODYS KIDS, INC.		
	(Firm/ Company)	
17851 NW 19 STREET		
	(Address)	• •
PEMBROKE PINES, FL	33029	
. (City/ State and Zip Coo	de)
ELEASHA@COD'	YSKIDS.O	RG
E-mail address: (to be used to	for future annual report	notification)
For further information concerning this matter, please c		
SHERRILL CROFT	at (619	358-3955
(Name of Contact Person)	(Area C	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Dep	partment of State:
\$35 Filing Fee \$\bigcup \bigcup \\$43.75 Filing Fee & \bigcup \	\$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	Amen Divisi Clifto 2661	t Address dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CODYS KIDS, INC.		•		
(Name of Corporation as o	currently filed with the Flo	rida Dept. of State)		•
N12000003970				
(D	ocument Number of Corpor	ation (if known)		-
Pursuant to the provisions of section	on 617 1006. Florida Statute	s this Florida Not For Profit (Corneration adopts the	following
amendment(s) to its Articles of Inc		3, und 1 1011 un 1 101 1 10 1 10 1 10 1 10 1 1	sorporumon adopto mo	
A. If amending name, enter the	now name of the cornerat	on:		
A. It amending hame, enter the	new name of the corporat			
name must be distinguishable and	contain the word "corners	tion" or "incorporated" or the	ahhreviation "Corn " ,	_The new or "Inc."
"Company" or "Co." may not be		non or incorporated or inc	abbreviation Corp. c	" mc.
B. Enter new principal office ad	ldrace if annlicable	NIA		
(Principal office address <u>MUST l</u>				-
			······································	•
ļ !		, , , , , , , , , , , , , , , , , , , 		-
C. Enter new mailing address,	if annlicable:	. 11.4		
(Mailing address MAY BE A		NIA		-
:				
				-
				-
D. If amending the registered as			e name of the	
new registered agent and/or	the new registered office a	ddress:		
Name of New Registered	Agent: NA			
i			,	
		(Florida street address)		
New Registered Office Address:				
		,	orida	
· }	(City)	((Zip Code)	
New Registered Agent's Signatu			ar Cal ta	
I hereby accept the appointment a	s registered agent. I am fa.	miliar with and accept the oblig	ations of the position.	
:	NIA	. 14	— As a	
: t	Signature of New Regis	tered Agent, if changing	EC?	$\neg n$
!		Page 1 of 4	JUN AHA AHA	-
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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 hecessary)

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	ST	CARYN ATKINS	17851 NW 19 STREET PEMBROKE PINES, FL 33029
2) X Change Add Remove	Р	SHERRILL M. CROFT	4364 BONITA ROAD BONITA, CA 91902
3) X Change Add Remove	v	ELEASHA L. HILLIARD	684 ELDER AVENUE CHULA VISTA, CA
4) Change Add Remove			
5) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
6) Change Add Remove		·	•

. If amendin	g or adding additional tional sheets, if necessa	Articles, enter changery). (Be specific)	<u>e(s) here</u> :		
NA					
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The	date of each amendment(s) adoption: JUN 1, 2012
	ctive date if applicable: JUN 1, 2012
	(no more than 90 days after amendment file date)
	t · · · · · · · · · · · · · · · · · · ·
Ado	ption 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.
	Dated JUN 18, 2012
	Signature
	(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)
	ELEASHA L. HILLIARD
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)