## N1300000 4839

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Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: KICLS ACYUSS THE GLOBE, INC
DOCUMENT NUMBER: N 1300004839
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shangerion Wright (Name of Contact Person)
(Firm/ Company)
5a0 authpl sw
(Address)
Vero Beach, Fl. 32962 (City/ State and Zip Code)
Kids a cross the globe Eughou. Com E-mail address: (to be used for future annual report northication)
For further information concerning this matter, please call:
Shannarion Wight at 772-584-7598  (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  \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ Certificate of Status
Mailing Address Street Address

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

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



July 30, 2019

SHANNARION WRIGHT 520 20TH PL SW VERO BEACH, FL 32962

SUBJECT: KID'S ACROSS THE GLOBE INC.

Ref. Number: N13000004839

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 document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 519A00015595

## Articles of Amendment to

## Articles of Incorporation

09

Kids Across	Tha	Column 1 oc	2019 SEP 30	PH 2
(Name of Corporation	on as current	tly filed with the Florida Dept. of State)		
N130000048	39	The same of the sa		• ,
(Doc	ument Numbe	er of Corporation (if known)	<del></del>	
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:	lorida Statute:	s, this Florida Not For Profit Corporation :	adopts the following	
A. If amending name, enter the new name of t	he corporation	on:		
		_ <u></u>	The new	
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the nar		ion" or "incorporated" or the abbreviation	"Corp." or "Inc."	
	<del></del>			
B. Enter new principal office address, if applice (Principal office address MUST BE A STREET)	caoie: ADDRESS)		<del></del>	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)		***	
D. Kanada Pantu				
<ol> <li>If amending the registered agent and/or reg new registered agent and/or the new register</li> </ol>	<u>ered office ad</u>	e address in Florida, enter the name of the ldress:	<u>v</u>	
Name of New Registered Agent:	•			
A STATE OF THE STA			<del></del>	
		(Florida street address)	• • • • • • • • • • • • • • • • • • • •	
New Registered Office Address	<u>z</u> :			
			1	
		(City) (Zip	Code)	
New Registered Agent's Signature, if changing	Registered A	Agent:		
hereby accept the appointment as registered age	ent. – Lam fam	iliar 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: X Change X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	TS	Otitis McCray	1345 Schumann DR Sebristian, FI 32958
2) Change Add			
Remove 3) Change			
Add Remove			
4) Change Add			
Remove 5) Change			
Add Remove			
6) Change			
Remove			

f <mark>amending or addit</mark> ttach additional shed	ets, if necessary),	(Be specific)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendm	ent file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of vowas/were sufficient for approval.	otes cast for the amendment(s)
☐ There are no members or members entitled to vote on the amendment(s). Tadopted by the board of directors.	he amendment(s) was/were
Dated 8/22/19	
Signature Swar at t	
(By the chairman or vice chairman of the board, presiden have not been selected, by an incorporator – if in the har other court appointed fiduciary by that fiduciary)	nt or other officer-if directors ands of a receiver, trustee, or
Shannarion M. (Typed or printed name of pe	rson signing)
<u>VP</u>	
(Title of person si	gning)