N1300000582

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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	CE FOR KIDS, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for fil	ling.
Please return all correspondence concerning this matter to the foll	owing:
STEVEN J. BRACCI, ESQ.	
(Name of C	Contact Person)
STEVEN J. BRACCI, PA	
(Firm/	Company)
9015 Strada Stell Court, Suite 102	
(Ac	idress)
Naples, Florida 34109	
(City/ State	and Zip Code)
dpbolduc@yahoo.com	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter, please call:	
Steven J. Bracci, Esq.	(239) 596-2635
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & Certificate of Status Certified (Addition enclosed)	copy tor any guestions al copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Amends 30 6 11 6 36 6 6 6 Division Clifton 30 6 6 6 6 6 6 6 6 6 6

Articles of Amendment to Articles of Incorporation of



PARENTS' RIGHTS OF CHOICE FOR KIDS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N13000005824 (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: 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. 1043 Tivoli Lane B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Naples, Florida 34104 C. Enter new mailing address, if applicable: 1043 Tivoli Lane (Mailing address MAY BE A POST OFFICE BOX) Naples, Florida 34104 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: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I an 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: X Change X Remove X Add	V Mil	n Doc te Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	þ	ERIKA DONALDS	14642 Indigo Lakes Circle
Add			Naples, FL 34119
XRemove			
2) Change	P	DAVID BOLDUC	1043 Tivoli Lane
Add			Naples, FL 34104
Remove			
3) Change	<u>V</u>	DARCEY OLSCAMP	4630 ST CROIX LN #827
Add			NAPLES, FL 34109
x Remove			· · · · · · · · · · · · · · · · · · ·
4) Change	V	LEE DIXON	
X Add	·		
Remove			
5) Change	<u>s</u>	ERIN GARCIA	
X Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)				
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•	SEPTEMBER 28, 2015
The date of each amendment(s date this document was signed.	s) adoption: SECRETARY OF STATE JIVISION OF CORFORATION
Effective date <u>if applicable</u> :	C. C. C. C. Solli MATE
	(no more than 90 days after amendment file date) 2016 JUN 27 PM 3: 59
Note: If the date inserted in this locument's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number of votes east for the amendment(s) roval.
There are no members or madopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated June 7,	2016
Signature	, P. Bull
have no	hairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
DAV	'ID BOLDUC
	(Typed or printed name of person signing)
PRE	SIDENT
***************************************	(Title of person signing)