N13000006149

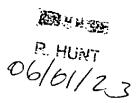
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: | ZY KIDS, INC | · | | | | | |
|--|-----------------------------|--|------------|------------------------|--|---|---------------------|
| N1300000 | 06149 | | <u> </u> | | | | |
| The enclosed Articles of Amendment | and fee are sub | mitted for filing. | | | | | |
| Please return all correspondence conce | rning this matt | er to the following | g: | | | | |
| MARIA HAVILAND | | | | | | | |
| | · · · · · · | (Name of Contac | et Person) | · · · · | | | |
| MARIA A. HAVILAND, CPA | | | | | | | 2823 |
| | | (Firm/ Com | pany) | | | <u> </u> | <u>کر:</u> ز - ا |
| 1337 CAPRI DRIVE | | | | | | TANK THE PARTY OF | 1-1 |
| · · · · · · · · · · · · · · · · · · · | | (Address | s) | | | 90 C | 구 |
| PANAMA CITY, FL 32405 | | | | | | EE, F | 1 PH 4: 39 |
| | | (City/ State and 2 | Zip Code |) | | THE STATE OF | 9 |
| CPAMARIA@OUTLOOK.COM | | | | | | | |
| E-mail addr | ress: (to be used | for future annua | report n | otification | 1) | | |
| For further information concerning this | s matter, please | call: | | | | | |
| MARIA HAVILAND | | | 786 at | | 371-5966 | | |
| (Name of | Contact Person |) | | a Code) | (Daytime Telep | hone Numbe | er) |
| Enclosed is a check for the following a | imount made p | ayable to the Flor | ida Depar | tment of | State: | | |
| □ \$35 Filing Fee □\$43.75 Certific | Filing Fee & cate of Status | □\$43.75 Filing I Certified Copy (Additional co enclosed) | | Certifi Certifi | Filing Fee icate of Status led Copy tional Copy is used) | | |
| Mailing Address Amendment Section Division of Corporat P.O. Box 6327 | | | Division | nent Secti of Corpo | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| BUZZY KIDS, INC | | | | | | |
|---|----------------------|-----------------------------|---------------------|------------|----------------|-----|
| (Name of Corporation as currently filed with the | e Florida De | pt. of State) | - | | | |
| N13000006149 | | , | | | | |
| (Docum | ment Number | of Corporation (if known) | | | <u> </u> | |
| Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation: | orida Statutes. | this Florida Not For Profi | lt Corporation ad | opts the | following | |
| A. If amending name, enter the new name of the | e corporatio | <u>n:</u> | | | | |
| THE CHILDHOOD NATURE PROJECT, INC | | | | | The new | |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A | <u>e.</u> able: _ | on" or "incorporated" or th | e abbreviation "(| Corp." o | or "Inc." | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | | | | TAR AH) | 2023 11.11 - 1 | • • |
| D. If amending the registered agent and/or regi | | | the name of the | CSEE.F | PH 4: 30 | C |
| new registered agent and/or the new register | red office ado | <u>iress:</u> | | TE | 9 | |
| Name of New Registered Agent: | MARIA A. | HAVILAND, CPA | | | | |
| | 1337 CAPR | II DRIVE | | | | |
| New Registered Office Address: | : | (Florida str | veet address) | | | |
| | PANAMA | CITY | Florida | 32405 | | |
| | | (City) | (Zip C | ode) | | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent | | | ligations of the po | sition. | | |
| - | Sion | O O New Registered As | eent, 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>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|--|------------------------------------|---|-------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | | | 2003 (- 1 - 1 ANA |
| 2) Change Add | | | SSEE II |
| Remove 3) Remove Add Remove | | | FL 39 |
| 4) Change Add | | | |
| Remove 5) Change Add Remove | | | |
| 6) Change Add | | | |
| E. If amending or adding (attach additional shee | g additions. | onal Articles, enter change(s) here: essary). (Be specific) | |
| | | | |

| | 2R3 JHY -1 PM 4 39 ZR3 JHY -1 PM 4 39 ZR TARY OF S PATE ZA LAHASSEE, FL |
|---|--|
| | fter amendment file date) |
| Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. | e statutory filing 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 votes cast for the amendment(s) was/were sufficient for approval.

| There are no member adopted by the boar | ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors. |
|---|--|
| Dated | 1/27/22 |
| Signature | |
| (B | 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) |
| | PATRICIA LEON |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |

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