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



08/14/17--01024--022 **35.00



AUG 1 8 2017 S. PRATHER



TO: Amendment Section Division of Corporations

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SUBJECT: KinderAid Corp.

Name of Corporation

DOCUMENT NUMBER: N14000009840

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Brian R. Tye	
	Name of Contact Person	
	KinderAid Corp.	
	Firm/Company	
	9827 51st Ave. N.	
	Address	
	St. Petersburg, FL 33708	
	City/State and Zip Code	
	brian@kinderaid.ngo	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian R. Tye	at (347) 450-0893
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of th	he corporation: KinderAid Corp.				
2. The principal of	rincipal office address:9827 51st Ave. N. St. Petersburg, FL 33708				
3. The mailing ac	ddress (if different):				
4. Date of incorp	oration/qualification:10/22/2014 Document number:N14(00009840			
5. The name and Florida Depart	street address of the current registered agent and registered office on files then tof State: (If resigned, enter resigned)	with the			
-	INCORP SERVICES. INC.				
	17888 67TH COURT NORTH	17 IAL			
-	LQXAHATCHEE, FL 33470				
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of	httice —			
_	REGISTERED AGENTS INC.				
	3030 N. Rocky Point Drive, STE 150A				
-	P.O. Box_NOT acceptable	-			
	Tampa, FL 33607				

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Brian R. Tye, President & CEO Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

08/08/2017

Date

If signing on behalf of an entity:

Bill Havre/Assistant Secretary

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)