N1400000 9840

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	JECT: KINDERAID CORP.	
1 4011110	. or corporation	
DOC	UMENT NUMBER: N14000009840	
The c	nclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning thi	s matter to the following:
BRIA	N R. TYE	
Name	of Contact Person	
KIND	ERAID CORP.	
Firm/	Company	
6822	22ND AVE. N. #333	
Addre	ess	
ST. Pl	ETERSBURG, FL 33710	
City/S	State and Zip Code	
	BRIAN@KINDERAID.NG	0
E-ma	il address: (to be used for future annua	al report notification)
For fi	urther information concerning this matter,	please call:
BRIA	N R. TYE	282-5243
	Name of Contact Person	at (727)282-5243 Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: KINDERAID CORP.	
2. The principal ST. PETERSBU	al office address: 9827 51ST AVE. N.	
3. The mailing a	address (if different): 6822 22ND AVE. N. #333, ST. PETERSBURG, FL 33710	
	rporation/qualification: 10/22/2014 Document number: N14000009840	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	REGISTERED AGENTS INC.	20%
	7901 4TH STREET NORTH SUITE 300	OF OR
	ST. PETERSBURG, FL 33702	2020 JUN 10
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office	MM 6: 43
	FLETCHER FISCHER POLLACK P.L.	ည်
	433 CENTRAL AVE., 4TH FLOOR	
	P.O. Box NOT acceptable ST. PETERSBURG, FL 33701	
The street addresses changed will	ress of its registered office and the street address of the business office of its registered ll be identical.	agent,
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Bru	four Type BRIAN R. TYE, PRESIDENT	
Signatu	ure of an officer of dijector Printed or typed name and title	
I hereby accept I further agree t of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete perfor nd I am familiar with and accept the obligation of my position as registered agent. Or sing filed merely to reflect a change in the registered office address, I hereby confirm th as been notified in writing of this change.	mance if this hat the
Cra Sig	m. (1) may 19 2020 gnature of Registered Agent Daye	
If signing on be	ehalf of an entity:	
TINA M	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 (04/13)