N15000010179

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: N15000010179 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:	-
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:	
Please return all correspondence concerning this matter to the following:	·
	P-1-2
Valerie Stewart	
(Name of Contact Person)	
(Firm/ Company)	
(Time Company)	
PO Box 180673	
(Address)	
Tallahassee Florida 32318	
(City/ State and Zip Code)	
valeriestewart967@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Valerie Stewart 850 339 7512	
(Name of Contact Person) (Area Code) (Daytime Telephone Number	r)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Amendment Section Amendment Section	

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

Articles of Amendment to Articles of Incorporation of

Kideo of America Childcare Consultants Ind

(Name of Corporation as cu	irrently filed with the Flo	rida Dept. of State)
N15000010179		
(Document N	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not F	for Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
Kidco of America Consulting Inc		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRI		ed" or the abbreviation "Corp." or "Inc."
Trincipui office uuuress <u>MOST BE ASTREET ADDRI</u>	<u></u>	
		7.0
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(maining data ess <u>may be a rost of tree box)</u>		
	 	
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). 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 off	ice address:	the name of the
Name of New Registered Agent:		
		Torida street address)
New Registered Office Address:		
	_	, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
hereby accept the appointment as registered agent. I as		t the obligations of the position.
	Signature of New Regis	tered 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: XChange 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>	Address
1) Change	-		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)										
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	e date of each amendment(s) adoption: 3-17-16 c this document was signed.	_, if other than the
Effe	ective date <u>if applicable:</u> (no more than 90 days after amendment file date)	
<u>Not</u>	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not bument's effective date on the Department of State's records.	e listed as the
Ada	option 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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated March 17, 2016	
	Signature Valerie Stewart	_
	(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)	
	Valerie Stewart	
	(Typed or printed name of person signing) Valerie Stewart	
	(Title of person signing)	