Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SIMON & SIGALOS, LLP

Account Number : I19990000176 Phone : (561)447-0017 Fax Number : (561)447-0018

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Momon @oimon sig glos com

COR AMND/RESTATE/CORRECT OR O/D RESIGN KIDS FIRST POLITICS SECOND, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

FEB 2 6 2018

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COYER LETTER

TO: Amendment Section Division of Corporation	ons			
NAME OF CORPORATE	KIOS FIRST POLI	TICS SECOND, INC	D	
DOCUMENT NUMBER:	N18000001868			
The enclosed Articles of Ai	nendment and fee are subr	nitted for filing.		
Please return all correspond	lence concarning this matte	r to the following:		
MICHAEL W. SIMON				•
		(Name of Contact P	erson)	
SIMON & SIGAEOS, LLF	•			
		(Firm/ Company	·)	
3839 NW BOCA RATON	BLVD. SUITE 100			
		(Address)		
BOCA RATON, FL 33431				
		(City/ State and Zip	Code)	
MSIMON@SIMONSIGAL	OS.COM			
	-mail address: (to be used	for future annual rep	ort notification	1)
For further information cond	erning this matter, please o	ali:		
MICHAEL W. SIMON		at	(561)	447-0017
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida I	Department of S	State:
\$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	343.75 Filing Pee Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ed Copy ional Copy is sed)
Mailing A	.ddress	Str	eet Address	

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

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FILED

Articles of Amendment

2018 FEB 23 AH 0: 11

to
Articles of Incorporation
of

KIDS FIRST POLITICS SECOND, INC.	•.•
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
N1800000;868	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Plorida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
N/A	Th
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name,	tion" or "Incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	N/A
C. Enter new mailing address, if applicable: (Molling address <u>MAY BE A POST OFFICE BOX)</u>	N/A
If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the name of the
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
NIA	Placida
<u> </u>	(City) , Florida (Zip Code)
ew Registered Agent's Signature, If changing Registered hersby accept the appointment as registered agent. I am fan	Agent: nillar with and accept the obligations of the position.
N/A	gnature of New Registered Agent, if changing
	gnature of New Registered Agent, if changing

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Evample

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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 hald. 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

X Change X Remove X Add	Y Mil	in Doe ke Jones ly Smith	
Type of Action (Check One)	Title	Name	<u>Addreş</u> s
1) Change	DR	SCOTT MEGUR	5030 CHAMPION BLVD.
Add			G11#228
X Remove			BOCA RATON, FL 33496
2) Change			
Add		•	
Remove			
3) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add	•		
Remove			
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) Change			
Add			
Remove		Bans 2 - 4 4	

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E. <u>If amendi</u> (Mach ada	ing or adding additional ditional sheets, if necessa	Articles, enter chang ry). (Be specific)	e(9) hare:			
N/A		·				
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date this document was signed.	if other than the
mit and not one of the bixies.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	•
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	•
Dated 2/23/18	• •
Signature Shelli Day	
(By the chairman or vice chairman of the board, president or other officer-if directors	
have not been selected, by sh incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SHELDIE SEYS She Ibie Seus	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	