## N2300010544

(Re	equestor's Name)	
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 1200 KID'S KO	ORNER, INCORPORATED
DOCUMENT NUMBER: N23000010549	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	LESLIE PALMER
	(Name of Contact Person)
1200 KID	'S KORNER, INCORPORATED
	(Firm/ Company)
	1200 W THARPE ST
	(Address)
	TALLAHASSEE, FL 32303
	(City/ State and Zip Code)
	l_dunk@yahoo.com
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
LESLIE PALMER	at 562 665-7450
(Name of Contact Person	on) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S \$35 Filing Fee □\$43.75 Filing Fee &	□\$43.75 Filing Fee & □\$52.50 Filing Fee
Certificate of Status	
	(Additional copy is Certified Copy
	enclosed) (Additional Copy is Enclosed)
	Elicioscaj
Mailing Address	Street Address
Amendment Section	Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

1200 KID'S KORN	IER, INCORPORA'	ΓED
Name of Corporation as currently filed with the Florida De	ept. of State)	
N230	000010549	
	r of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Statutes imendment(s) to its Articles of Incorporation:	, this <i>Florida Not For I</i>	Profit Corporation adopts the following
. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporatio "Company" or "Co." may not be used in the name.	on" or "incorporated"	
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u> )		<b>元</b> 第 <b>82</b> 4
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Enter new mailing address, if applicable:		変数のは
(Mailing address MAY BE A POST OFFICE BOX)		SSE P
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D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad  Name of New Registered Agent:		nter the name of the
	(Flori	ida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
	(City)	(z.ip Code)

Signature of New Registered 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:  X Change X Remove X Add	PT John De V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add	D	MARILYN BOGAN	1200 W THARPE ST TALLAHASSEE, FL 32303
X Remove 2)	CEO Elbret	Leslie Palmer	1200 W. Tharpe St Tallahassee, Fl 37203
Remove Change Add Remove		<del></del>	
4) Change Add			
Remove  5) Change Add			
Remove 6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
	_ <del></del>		

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The date of each amendment(s) adopt date this document was signed.	tion:			_, if other than the
Effective date if applicable:	(no more than 90 days o			
	(no more than 90 days o	after amendment file da	te)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicab ment of State's records.	le statutory filing requir	rements, 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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 5/16/2024
Signature  (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)
LESLIE PALMER
(Typed or printed name of person signing)
Owner CEO
(Title of person signing)