N24000004026

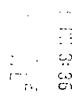
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Special Instructions to Filing Officer:

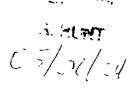
Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	AMIkids Bay Count ON:	y, Inc.				
DOCUMENT NUMBER:	N24000004026					
The enclosed Articles of Ar		mitted for filing.				
Please return all correspond	lence concerning this matt	er to the following:				
	DeOnd	ra Grissett				
		(Name of Contact Perso	on)			
	AMIki	ds Inc				
		(Firm/ Company)				
	5915 Bo	enjamin Center Drive				
		(Address)				
	Tampa,	Florida 33634				
-	· -	(City/ State and Zip Co	de)			
Dgrissett@amikids.org					<u>.</u> :	± : မှာ
l For further information con	E-mail address: (to be used cerning this matter, please		t notification	n)	(+1)	ය ග
DeOndra Grissett		8 at	13	887-3300		
	(Name of Contact Person) (A	rca Code)	(Daytime T	elephone	2 Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida De	partment of	State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee icate of Statu ied Copy tional Copy is sed)		
B.4 - 212	A .d. 3	G.				

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AMIkids Maritme Academy, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N24000004026 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: AMIkids Bay County Inc name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. 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 office address: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add			
Remove			
2) Change Add		-	
Remove 3) Remove Add Remove			
4) Change Add			10 Si
Remove			F1 C1
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
N/A			
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The date of each amendment(s) adopti-	on: 5/2/2024			if other than the
date this document was signed.		·	,	outer man me
Personal Control of the Control of t				
Effective date if applicable:	(no more than 90 days after amendment file date)			
Note: If the date inserted in this block do document's effective date on the Department.	oes not meet the applicable statutory filing requirements, thent of State's records.	his 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.

5/2/2024 Dated					
Signature To	smay	Broe	le		
(By the chairr have not bee	nan or vice cha	airman of the an incorporat	board, presid or – if in the l	ent or other office ands of a receive	
		Rosemary B	rackman		
	. ((Typed or pri	nted name of	person signing)	
		Secretary			
		(T	itle of person	signing)	