N24000009238

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COVER LETTER

TO: Amendment Section **Division of Corporations**

KIDS ACADEMY EDUCATION FOUNDATION INC NAME OF CORPORATION:
N24000009238 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARLEEN DAVILA
(Name of Contact Person)
ADV ACCOUNTING & TAX SERVICES LLC
(Firm/ Company)
12701 S JOHN YOUNG PKWY STE 215
(Address)
ORLANDO FL 32837
(City/ State and Zip Code)
arleendavila@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ARLEEN DAVILA 407 641-0810 at
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
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 (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)

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

(Name of Corporation as currently filed with the	ie Florida	a Dept. of State)					
(Docu	ment Nun	nber of Corporation (if known)					
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Stati	utes, this Florida Not For Profit Co.	rporation ac	lopts the	e following		
A. If amending name, enter the new name of the	ie corpor	ation:					
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		ration" or "incorporated" or the ab	breviation "	Corp."	_The new or "Inc."		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		<u>S</u>)					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BON)	PO BOX 4877		E	2460		
		HAINES CITY FL 33845		-	- A		
			-				
D. If amending the registered agent and/or registered agent and/or the new register	istered of red office	fice address in Florida, enter the neaddress:	name of the		5: 03		
Name of New Registered Agent:		ADV ACCOUNING & TAY SERVICES LLC					
	12701 S JOHN YOUNG PKWY STE 215						
New Registered Office Address	:	(Florida street ad	dress)				
	ORLAN	EDO	Florida	32837			
		(City)	(Zip C	ode)			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registere nt. I am J	ed Agent: familiar with and accept the obligation	ons of the pe	osition.			
	<u>Oue</u>	Signature of New Registered Agent.					
		Signature of New Registered Sgent,	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= Trustce; 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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	<u>P</u>	CIERI DE ALCALA, MARISA	5902 DUNDEE RD WINTER HAVEN FL 33884
2) Change Add	VP	PADILLA IRIS	1711 DAYSTAR DRIVE HAINES CITY FL 33844
x Remove 3) Change Add x Remove	<u>S</u>	<u>ALCA¶A SABA, ABRAHAM</u>	591 DUNDEE RD WINTER HAVEN FL 33884
4) Change Add	<u>P</u>	ABRAHAM ALCALA SABA	5901 DUNDEE RD WINTER HAVEN FL 33884
Remove 5) Change	<u>VP</u>	MARISA CIERI	5901 DUNDEE RD WINTER HAVEN FL 33884
6) Change Add	ED	IRIS PADILLA	1711 DAYSTAR DR HAINES CITY FL 33844
E. If amending or addin (attach additional shee	g additional Arti	cles, enter change(s) here: (Be specific)	

H'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.

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Example: X Change X Remove X Add	PT John De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S</u>	YELITZA FIGUEROA	5901 Dundee Rd Unit A Winter Haven FL 33884
Remove			
2) Change Add	<u>T</u>	ARLEEN DAVILA	12701 S John Young Pkwy #215 Orlando FL 32837
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee)		cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption date this document was signed.	n:	 -				if other than the
•	(no more than	ctober.	16th, 2	2024		
	(no more than	90 days afte.	r amendment ₎	tile date)		
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the	e applicable s records.	tatutory filing	requirements, th	nis date will not	be listed as the
Adoption of Amendment(s)	(CHECK O	NE)				

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 October 14 th 2024
Signature Alla 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)
_ Amaham Alcala Saba
(Typed or printed name of person signing)
- President
(Title of person signing)