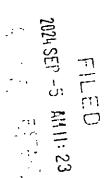
P130000 20817

| | (Requestor's Name) | | | |
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| | (Address) | | | |
| | (City/State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (Business Entity Name) | | | | |
| | | | | |
| | (Document Number) | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | LUCDNE | | | |
| J. HORNE | | | | |
| | SEP - 6 2024 | | | |
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Office Use Only



400435967884





| TALLAHASSEE, FL 32309 | (850) 491–9625 |
|-----------------------------------|--------------------------------------|
| Please use funds from this accord | unt: I20210000160: \$52.50 |
| Authorization Signature: | in full |
| Business Name: KID E NATION, IN | IC |
| Document# P13000020817 | |
| _XCertified Copy | |
| _XCertificate of Status | |
| NEW FILINGS | <u>AMMENDMENTS</u> |
| Profit Corp | _XAmendment |
| Not for Profit | Resignation of R.A. Officer/Director |
| Limited Liability | Change of Registered Agent |
| Domestication | Revocation of Dissolution |
| LLLP | Merger |
| CORP | Articles of Conversion |
| Other | Restated Articles of Incorporation |
| Other | Statement of Authority |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| Apostille | Foreign Filing |
| Country | Reinstatement |
| | Qualification |
| | Annual Report |
| | Fictitious Name |

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

EXAMINER'S INITIALS:

(850) 524-5437

(850) 524-6243

(850) 524-6243 2330 CLARE DR TALLAHASSEE, FL 32309 (850) 491–9625 Please use funds from this account: 120210000160: \$52.50 Authorization Signature:___ Business Name: KID E NATION, INC P13000020817 Document# _X__Certified Copy _X__Certificate of Status **NEW FILINGS AMMENDMENTS** Profit Corp _X__Amendment Not for Profit __Resignation of R.A. Officer/Director __Limited Liability Change of Registered Agent ___Domestication Revocation of Dissolution LLLP ___Merger Articles of Conversion CORP Other Restated Articles of Incorporation Other ___Statement of Authority **OTHER FILINGS** REGISTRATION/QUALIFICATIONS __Foreign Filing Apostille Country Reinstatement Qualification ___Annual Report Fictitious Name

(850) 524-5437

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

.

| NAME OF CORPORATION: <u>hid E Nation</u> , <u>Inc.</u> |
|---|
| DOCUMENT NUMBER: P13000020817 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Stephanie C. Sovrentino Name of Contact Person Hid E Nation, Inc. Firm/ Company 824 Executive Drive Address |
| City/ State and Zip Code Midenation @ aol. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Stephonic C. Sorrentino at (407) 542-4991 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 |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

| Articles of Incom | rporation | |
|---|--|---|
| of | | FILED |
| hid E No | tion, Inc. | 2024 SEP = |
| (Name of Corporation as currently | filed with the Florida Dept. of Sta | <u>te</u>) |
| P13000020 | 817 | $(\hat{f}_{i},$ |
| (Document Number of C | Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation: | orida Profit Corporation adopts the | e following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | | |
| name must be distinguishable and contain the word "corporation," "co." Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A mattered," "professional association," or the abbreviation "P.A." | mpany," or "incorporated" or the a professional corporation name mu | The new bbreviation "Corp.," ist contain the word |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 824 Executi Oviedo, FI. | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 824 Execution Oviedo, Fl. | LE DR. |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | - | _ |
| Name of New Registered Agent | C. Sorrentino | <u> </u> |
| 824 Execut | ive De | |
| (Florida street | t address) | <u>-</u> |
| New Registered Office Address: OVICO | Tity), Florida | 32765 (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent. I am familiar wit | h and accept the obligations of the p | position. |
| Signature of New Reg | is ered Agent, if changing | |
| Charlette and the 11 | | |

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 | PT John D | <u>00e</u> | | |
|---|----------------------------|-------------------------|--|--|
| X Remove | <u>V</u> <u>Mike Jones</u> | | | |
| <u>X</u> Add | <u>SV</u> <u>Sally S</u> | <u>Smith</u> | | |
| Type of Action (Check One) | Title | <u>Name</u> | Address | |
| 1) Change | Ρ | Colette M. Robertson | PO BOX 1240 | |
| Add Remove | | | Geneva, Fl. 32732 | |
| 2) Change Add | PST | Stephonie C. Sorrentino | 824 Executive Dr. | |
| Remove 3) Change | VP_ | Robert J. Sorrentino | Oviedo, Fl. 32765 824 Executive De. | |
| Add Remove 4) Change | | | Oviedo, F1. 32765 | |
| Add Remove 5) Change | | | | |
| Add | | | | |
| か Change Add | | | | |
| Remove | | | | |

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| in amendment p | rovides for an excha | nge, reclassificatio | n, or cancellation | of issued shares. | |
| <u>ovisions for imp</u> | dementing the amend | dment if not contai | ned in the amend | ment itself: | |
| (іј ног арриса | ble, indicate N/A) | | | | |
| | | | | | |
| 4) A | | | | | |
| MIH | - | | | · · · · · · · · · · · · · · · · · · · | ··· <u>·</u> |
| NIA | | | | | |
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| NH. | | | | | |

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| The date of each amendment(s) adoption: | , if other than |
|---|----------------------------|
| date this document was signed. | |
| Effective date <u>if applicable</u> : | <u></u> |
| (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 document's effective date on the Department of State's records. | late will not be listed as |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required. | tion and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. | 1(s) |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s): | nent |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| (voting group) | |
| Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary) | urt |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |

the

the

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | RATION: | id E Nation, | Inc. | |
|---|---|---|---|--|
| DOCUMENT NUMI | BER: 013 | 000020817 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corres | spondence concerning this ma | tter to the following: | | |
| | Stephin Stephin Stephin Say Exe | | Inc. | |
| | E-mail address: (to be us | denation & code for future annual report | AOL COM t notification) | |
| For further information concerning this matter, please call: Stephanic Sorrentino at (407) 542-4991 Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Name | of Contact Person | Area Co | ode & Daytime Telephone Number | |
| Enclosed is a check fo | or the following amount made | payable to the Florida Dep | partment of State: | |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| <u>Mai</u> | iling Address | Street | Address | |

Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303