

P130000 20817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

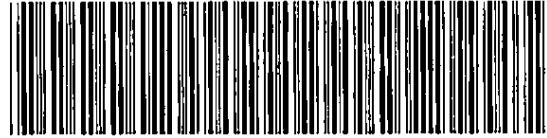
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Special Instructions to Filing Officer:

J. HORNE  
OCT 25 2024

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2024 OCT 24 PM 11:44

FILED  
2024 OCT 24 PM 2:27  
TALLAHASSEE  
FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

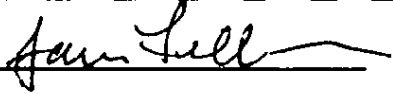
2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

**Please use funds from this account: I20210000160: \$52.50**

**Authorization Signature:** 

**Business Name:** Kid E Nation, Inc.

**Document#** P13000020817

  X   Certified Copy

  X   Certificate of Status

**NEW FILINGS**

       Profit Corp

       Not for Profit

       Limited Liability

       Domestication

       LLLP

       CORP

       Other

       Other

**OTHER FILINGS**

       Apostille

Country

**AMMENDMENTS**

  X   Amendment

       Resignation of R.A. Officer/Director

       Change of Registered Agent

       Revocation of Dissolution

       Merger

       Articles of Conversion

       Restated Articles of Incorporation

       Statement of Authority

**REGISTRATION/QUALIFICATIONS**

       Foreign Filing

       Reinstatement

       Qualification

       Annual Report

       Fictitious Name

**EXAMINER'S INITIALS:** \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

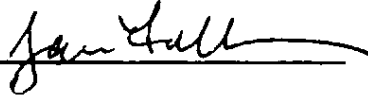
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EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Kid E Nation, Inc.  
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. Sorrentino  
Name of Contact Person  
Kid E Nation, Inc.  
Firm/ Company  
824 Executive Dr.  
Address  
Oviedo, FL 32765  
City/ State and Zip Code  
hidenation@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie 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  
☐ \$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)

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

High E Nation, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P13000020817

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

824 Executive Dr.  
Oviedo, FL 32765

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

824 Executive Dr.  
Oviedo, FL 32765

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:

Name of New Registered Agent

Stephanie C. Sorrentino

824 Executive Dr.

(Florida street address)

New Registered Office Address:

Oviedo

(City)

Florida

32765

(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.*

Stephanie C. Sorrentino

Signature of New Registered Agent, if changing

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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Colette M. Robertson</u>	<u>PO Box 1240</u> <u>Geneva, FL 32732</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PST</u>	<u>Stephanie C. Sorrentino</u>	<u>824 Executive Dr.</u> <u>Oviedo, FL 32765</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Robert J. Sorrentino</u>	<u>824 Executive Dr.</u> <u>Oviedo, FL 32765</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

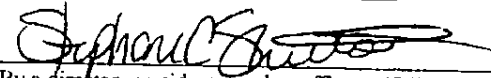
☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_."  
(voting group)

Dated October 24<sup>th</sup> 2024

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 court appointed fiduciary by that fiduciary)

Stephanie C. Sorrentino  
(Typed or printed name of person signing)

President, Secretary, Treasurer  
(Title of person signing)