

P13000020817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

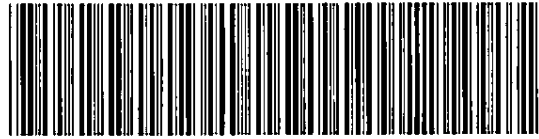
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 JAN -2 PM 3:57

OFFICE OF THE
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

2025 JAN -7 AM 8:13

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$52.50
Authorization Signature *[Signature]*

Kid E Nation, Inc. P13000020817
Business #Document

Walk in _____ Will wait _____

☒ X Certified Copies of the Articles of Organization
☒ X Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ LLC
☐ Domestication
☐ INC
☐ CORP
☐ OTHER

AMENDMENTS

☒ X Amendment
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion
☐ Statement of Authority
☐ Merger
☐ Amended and Restated Articles

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority
☐ APOSTIL. _____

COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Partnership
☐ Reinstatement
☐ Statement of CORRECTION
☐ Domestication of a Foreign Corp.
_____ Other _____

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 Drive
Address
Oviedo, FL 32765
City/ State and Zip Code
kidenation@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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2025

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: KID E NATION INC
Ref. Number: P13000020817

We have received your document for KID E NATION INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing the Signature page of the Amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 125A00000176

give
7th

Articles of Amendment
to
Articles of Incorporation
of

FILED

Kid E Nation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

2025 JAN -7 AM 8:13

P13000020817

(Document Number of Corporation (if known))

FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

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 Drive

(Florida street address)

New Registered Office Address:

Oviedo

(City)

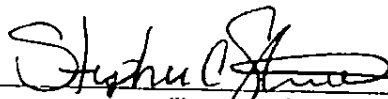
Florida

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.



Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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) ☐ Change P Colette M. Robertson PO Box 1260
☐ Add Geneva, FL 32732
☒ Remove
- 2) ☒ Change PST Stephanie C. Sorrentino 824 Executive Drive
☐ Add Oviedo, FL 32765
☐ Remove
- 3) ☐ Change VP Robert J. Sorrentino 824 Executive Dr.
☒ Add Oviedo, FL 32765
☐ Remove
- 4) ☐ Change _____ _____ _____
☐ Add _____
☐ Remove
- 5) ☐ Change _____ _____ _____
☐ Add _____
☐ Remove
- 6) ☐ Change _____ _____ _____
☐ Add _____
☐ 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 January 2nd 2025

Signature

Stephanie C. Sorrentino

(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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2025 JAN - 7 AM 8:13

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