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(Ac	ldress)		
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(Cit	ty/State/Zip/Phone #	)	
PICK-UP	☐ WAIT	MAIL.	
(Bu	isiness Entity Name	)	
(Document Number)			
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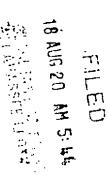
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	D 4 Kids, Inc.			
DOCUMENT NUMBER:	P16000043689			
The enclosed Articles of Amendment and	d fee are submitted for filing.			
Please return all correspondence concern	ing this matter to the following	:		
	DEYERLYN D	OCIMO		
<del></del>	Name of Contact Person			
	D 4 KIDS, INC			
-	Firm/ Company			
	5612 VINTAGE VIEW BLVD			
<del></del> -	Address			
	LAKELAND/FLORIDA 33812			
	City/ State and Z	ip Code		
	d_nakama@yah	100.com		
E-mail addres	ss: (to be used for future annual	report notification)		
For further information concerning this m	natter, please call:			
DEYERLYN DOCIMO	) at (	398 0776		
Name of Contact Person		rea Code & Daytime Telephone Number		
Enclosed is a check for the following amo	ount made payable to the Florid	la Department of State:		
S35 Filing Fee S43.75 Filing Certificate C	-	Certificate of Status		
Mailing Address		Street Address		
Amendment Section		Amendment Section		
Division of Corporation		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

# **Articles of Amendment** Articles of Incorporation

of

#### D 4 KIDS INC

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

#### P16000043689

	P 10000043069			
(Досиг	nent Number of Corpora	tion (if known)		
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	a Statutes, this Florida F	Profit Corporation adopts the fo	ollowing amendn	nent(s)
A. If amending name, enter the new name of the co	orporation:			
	INNOVAY, INC		√The ne	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co" or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A	pany," or "incorporated" or professional corporation name	r the abbreviation	on
B. Enter new principal office address, if applicable	<u> </u>	N/A		
(Principal office address MUST BE A STREET ADI	DRESS )			
	<del></del>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		N/A		
(Mailing dadress MAT BE A POST OFFICE BO)	<u> </u>	<del></del>		
			AUG 20	- 333
			<u> </u>	型   EU
D. If amending the registered agent and/or register new registered agent and/or the new registered		orida, enter the name of the	-	: יי
	N/A			<u>r</u>
Name of New Registered Agent			<del></del>	
<del></del>	(Florida street address	·I	<del></del>	
	N/A		N/A	
New Registered Office Address:	(City)	, Florida	(Zip Code)	
			(cop done)	
New Registered Agent's Signature, if changing Reg				
I hereby accept the appointment as registered agent.	I am familiar with and a	ccept the obligations of the pos	sition.	
Sign	ature of New Registered	Agent, if changing	<u></u>	

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Addı	<u>ces</u> s
1) Change		N/A	N/A	
Add				
Remove				
2) Change	<del></del>	N/A	N/A	
Add				
Remove				
3 ) Change		N/A	N/A	
Add				
Remove				
4) Change		N/A	N/A	
Add				
Remove				·
5) Change		N/A	N/A	
Add				
Remove				
6) Change		N/A	N/A	
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
N/A		
		· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued	shares.
provisions for implementing the amer	dment if not contained in the amendment itsel	<u>f:</u>
(if not applicable, indicate N/A) N/A		
NA		······································
-		
		· · · · · · · · · · · · · · · · · · ·
7	-	

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 dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
8/15/2018	
Dated	
Signature Deverly Or, in	
(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	<del></del>
appointed fiduciary by that fiduciary)	
DEYERLYN DOCIMO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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