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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KIDS FIRST THE	ERAPY CENTER INC		
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	MARIA E. FOURNIL			
		Name of Contact Person	n ·	
	KIDS FIRST THERAPY IN	С		
	Firm/ Company			
	814 NORTH MAIN ST			
		Address		
	KISSIMMEE, FL 34744			
		City/ State and Zip Cod	e	
	INFO@NONALSACCOUN	TING, COM		
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call; at (288-9406	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment Articles of Incorporation

of

KIDS FIRST THERAPY CENTER INC.

FILED

Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Document Number of Corporation (if know	m) STATE
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Document Number of Corporation (if know	m) STATE
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	•	٠, , , , , , , , , , , , , , , , , , ,
its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corpor</i>	ation adopts the following amendment(s)
		and adopte the tonowing amenancings
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional corpora	
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
2. If amending the registered agent and/or r	egistered office address in Florida, enter	the name of the
new registered agent and/or the new regis Name of New Registered Agent MAR	tered office address: IA E. FOURNILL	
	IORTH MAIN ST	
	(Florida street address)	
New Registered Office Address:	ІММЕЕ	. Florida
	(City)	(Zip Code)

[☐] 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:

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	MARIA E. FOURNILL	814 NORTH MAIN ST
XAdd			KISSIMMEE, FL 34744
Remove			
2) Change	p	MARIA E. ANTONUCCI	814 NORTH MAIN ST
Add			KISSIMMEE, FL 34744
X Remove 3) Change	<u> </u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		-1
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an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
f an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

. .

· 	06/20/2024	
The date of each amendment(s) adoption date this document was signed.	on:	_, if other than the
, and the second		
Effective date <u>if applicable</u> :	(
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will nent of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	c amendment(s) was/were sufficient for approval	
by .		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
06/20/2024 Dated		
Signature		
(By a director	, presidentor other officer – if directors or officers have not been	_
selected, by a appointed fid	in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
MAR	ria E. FOURNILL	
	(Typed or printed name of person signing)	
PRES	SIDENT	

(Title of person signing)