# Division of Corporations Electronic Filing Cover Sheet

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(((H230001269113)))



H230001259113ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone

: (954)842-2931

Fax Number

: (954)842-2936

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	· ·		

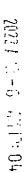
### COR AMND/RESTATE/CORRECT OR O/D RESIGN CLEVER KIDS INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
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Electronic Filing Menu

Corporate Filing Menu

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April 5, 2023

#### FLORIDA DEPARTMENT OF STATE

Division of Corporations

CLEVER KIDS INTERNATIONAL, INC. 3101 S OCEAN DR 2603 HOLLYWOOD, FL 33019

SUBJECT: CLEVER KIDS INTERNATIONAL, INC.

REF: P18000053464

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

There is a line running down each page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H23000126911

Regulatory Specialist II Supervisor Letter Number: 123A00007785

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CLEVER KIDS IN	TERNATIONAL, INC.					
DOCUMENT NUM	P18000053464						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	DEMYDENKO, SERGII						
		Name of Contact Pers	on				
	INSTAHOME WORKS, INC	C.					
	Firm/ Company						
	1325 PORTOFINO CIR APT	Г 813					
		Address					
	WESTON, FL 33326						
		City/ State and Zip Co	ode				
	gep.demid@gmail.com						
	E-mail address: (to be us	sed for future annual repo	rt notification)				
	n concerning this matter, pleas						
DEMYDENKO, SEI		at (	778-5061 Code & Daytime Telephone Number				
Name	of Contact Person	Area C	Code & Daytime Telephone Number				
Enclosed is a check for	r the following amount made	payable to the Florida De	partment of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ 852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Am Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amer Divis The 2415	et Address indiment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303				

## Articles of Amendment to Articles of Incorporation of

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stered Agent, if changing	
	weston, fl 33326  s in Florida, enter the name of the  address)  , Florida

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)

Example:

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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
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Add				
Remove				——————————————————————————————————————
2) Change		_		
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n amendment provides for an exc	bange, reclassification, or cancellation of issued s	hares,
oyisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself	
(ij not applicable, malcale (MA)		

The date of each and date this document w		adoption:	, if other than the
Effective date if app	_		
Bijective date <u>it up</u>	JIKEBIE.	(no more than 90 days after amendment file date)	<del></del>
		block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amend	lment(s)	(CHECK ONE)	
The amendment(s action was not rec	•	dopted by the incorporators, or board of directors without shareholder action and	shareholder
		dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	Žė/
		pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	۔ ۔ ا ن
"The numb	ਜ਼ਾ of votes ca	st for the amendment(s) was/were sufficient for approval	· ·
by			
		(voting group)	<del>.</del> .' O
Da	04/04/200 ited	23	
Sij	gnature	Sergii Demydenko	
	selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
		DEMYDENKO, SERGII	
		(Typed or printed name of person signing)	
		VP	
. •		(Title of person signing)	