I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: O.B. STANDER

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :					
Title	С	Title	Р		
Name	SARTORY, RICHARD L	Name	BOGERT, MARK R		
Address	555 NORTHLAKE BLVD	Address	777 SOUTH FLAGLER DRIVE		
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	WEST PALM BEACH FL 33401		
Title	S	Title	D		
Name	JAX, CHRISTINE	Name	STANDER, O.B.		
Address	9397 OSPREY ISLES BLVD.	Address	5915 BENJAMIN CENTER DRIVE		
City-State-Zip	WEST PALM BEACH EL 33412	City-State-Zip:	TAMPA FL 33634		

FEI Number: 59-2237919

TAMPA FL 33634

DOCUMENT# 765220

TAMPA, FL 33634

5915 BENJAMIN CENTER DRIVE

Current Mailing Address:

5915 BENJAMIN CENTER DRIVE

Name and Address of Current Registered Agent:

Entity Name: AMIKIDS PALM BEACH, INC.

Current Principal Place of Business:

HULL, DAVID J SMITH, HULSEYS & BUSEY 255 WATER ST, SUITE 1800 JACKSONVILLE, FL 32302 US

FILED Mar 24, 2014 Secretary of State CC5860041904

Date

Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Title	C	Title	Р
Name	SARTORY, RICHARD L	Name	BOGERT, MARK R
Address	555 NORTHLAKE BLVD	Address	777 SOUTH FLAGLER DRIVE
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	WEST PALM BEACH FL 33401
Title	S	Title	D
Title Name	S JAX, CHRISTINE	Title Name	D STANDER, O.B.
	-		-
Name	JAX, CHRISTINE	Name	STANDER, O.B.

DIRECTOR

03/24/2014 Date