NORUMONOL

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400255552994

01/15/14--01018--002 **43.75

14 July 15 11 3: 03

State of the County of

DCAMO JAN 22 2014 R. WHITE

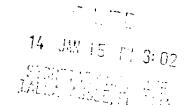
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BlueBird	Educational	Productions, Inc.
DOCUMENT NUMBER: NO800010	106	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Darryl T. Bey		
	(Name of Contact Perso	n)
BlueBird Educational Pro	oductions, I	nc.
- Labore - L	(Firm/ Company)	
809 Delaware Avenue		
	(Address)	
Fort Pierce, Fl. 34950		
	(City/ State and Zip Cod	le)
darrylbey@bellso	uth.net	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Darrl T. Bey	772	_,460-6493
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Dep	artment of State:
\$35 Filing Fee \$\Bigcup \\$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	Amen Divisi Cliftor	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



BlueBird Educational Productions, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)			
N08000010106			
(Document Number of Corporation (if known)			

1400000010100		
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati	006, Florida Statutes, this <i>Florida Not For I</i> on:	Profit Corporation adopts the following
A. If amending name, enter the new name	ne of the corporation:	
BlueBird Educational Fou	ndation, Inc.	The new
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporation" or "incorporated" the name.	
B. Enter new principal office address, if		
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS)	
		···
C. Enter new mailing address, if applic		
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)	
D. If amonding the registered egent and	l/or registered office address in Florida, er	ator the name of the
new registered agent and/or the new		iter the hame of the
Name of New Registered Agent:	Darryl T. Bey	
Name of New Registered rigem.	1005 Kentucky Avenue	
	(Florida street address)	
New Registered Office Address:		
	Fort Pierce	, Florida 34950
	(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent: Fed agent. I am familiar with end accept th Signature of New Registered Ageny if char	***************************************

Page 1 of 4 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.

Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	lones	•
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Sec.	Jim Tempestilli	4145 S. US 1
Add			Fort Pierce, Fl.
X Remove			34982
2) Change	Sec.	Bryan Welling	37 Harbor Isle East #202
X			Fort Pierce, Fl.
Remove			34949
3) Change		T. Charles Shafer	1115 Delaware Avenue
X			Fort Pierce, Fl.
Remove			34950
4) Change		Emily McHugh	3209 Virginia Avenue
X_{Add}	-		Fort Pierce, Fl.
Remove			34981-5541
5) Change		Denise Roberts	311 Orange Avenue
X			Fort Pierce, Fl.
Remove			34950
6) Change		Kevin Perry	34947
X Add			Fort Pierce, Fl.
Remove		Page 2 of 4	

attach additional sheets, if necessary).	(Be specific)	
		
. <u></u>		

	date of each amendmen	· · · · · · · · · · · · · · · · · · ·	, if other than the
Effective date if applicable: January 8, 2014 (no more than 90 days after amendment file date)			
		(no more than 90 days after amendment file date)	
Add	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
	There are no members or adopted by the board of		
	_{Dated} Jar	nuary 10, 2014	
(By the		rryl T. Bey	
		e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Darryl	T. Bey	
	<u></u>	(Typed or printed name of person signing)	
	Preside	ent	
		(Title of person signing)	