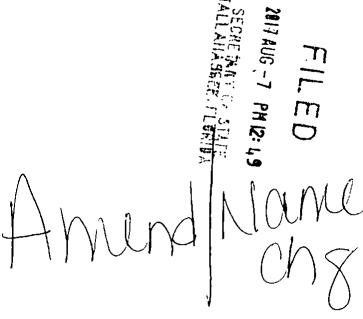
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AUG 11 2017

I ALBRITTON

COVER LETTER

-:

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Parrot Cove Exotic Bird & Environmental Education Presi
DOCUMENT NUMBER: N 15 000007757
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Block Hills Parrot Weltare & Education Center Inc (Firm/ Company)
PO Box 91 (Address)
Myakka City, Florida 34251 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Parnot Cove Exotic Bird & Environ	imental Eduction Preserve Inc
	filed with the Florida Dept. of State)
N 15 06000 7757	
	of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>.</u>
Black Hills Parrot Wattore & Edi	ication Center Inc The new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	a" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	9954 MIZELL Rd
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	9954 Mizell Rd Myakka City, F1 34251
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POB0x 91
	Myakka City, Fl 3425)
	• •
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent:	
name of new registered rigem.	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:
I hereby accept the appointment as registered agent. I am famil	
	2817 ALL
Sign	ature of New Registered Agent, if changing
Paş	ge l of 4

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	<u>V</u> <u>Mike</u>	<u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	TR	Robert Cox	3538 14th St West D-3 Bradenton, Fl 34205
2) Change Add			
Remove 3) Change Add			
Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change			
Add		-	

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)				
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he date of each amendment(s) add	option: 7/30/17	, if other than the
te this document was signed.		
ffective date <u>if applicable</u> :		<u> </u>
	(no more than 90) days after amendment file date)	
ote: If the date inserted in this bloc ocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- was/were sufficient for approva	opted by the members and the number of votes east for the amen I.	dment(s)
There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) wars.	s/were
Dated 7/2	5)17	
Signature		
(By the chair	man or vice chairman of the board, president or other officer-if d	
	n selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	stee, or
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	