

8/6/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H19000234729 3)))



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : KIM MARKS CPA
Account Number : I20120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

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

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S TALLENT

AUG 15 2019

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AVIAN BIODIVERSITY CENTER, INC.**

Certificate of Status	0
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AMC

Electronic Filing Menu

Corporate Filing Menu

Help

H190002347293

Articles of Amendment
to
Articles of Incorporation
of

AVIAN BIODIVERSITY CENTER, INC,

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000009846

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

WILDLIFE CONSERVATION CENTER INC

y The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:(Principal office address MUST BE A STREET ADDRESS)**C. Enter new mailing address, if applicable:**(Mailing address MAY BE A POST OFFICE BOX)**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

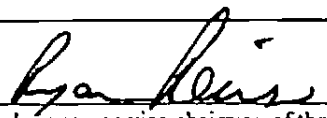
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated AUGUST 6 2019 _____

Signature  _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RYAN DAVID REINES

(Typed or printed name of person signing)

EXECUTIVE DIRECTOR

(Title of person signing)

8/5/2019

Detail by Entity Name

14 190002347293

Detail by Entity Name

Florida Not For Profit Corporation
AVIAN BIODIVERSITY CENTER, INC.

Filing Information

Document Number N18000009846
FEI/EIN Number 83-1901333
Date Filed 09/12/2018
State FL
Status ACTIVE

Principal Address

1907 CRABAPPLE DRIVE
TALLAHASSEE, FL 32304

Mailing Address

1907 CRABAPPLE DRIVE
TALLAHASSEE, FL 32304

Registered Agent Name & Address

REINES, RYAN D
1907 CRABAPPLE DRIVE
TALLAHASSEE, FL 32304

Officer/Director Detail**Name & Address**

Title EXECUTIVE DIRECTOR

REINES, RYAN D
1907 CRABAPPLE DRIVE
TALLAHASSEE, FL 32304



Title D

YOSHIDA, ROBERT
1907 CRABAPPLE DRIVE
TALLAHASSEE, FL 32304

Annual Reports

Report Year	Filed Date
2019	04/30/2019

Document Images

04/30/2019 - ANNUAL REPORT	 View image in PDF format
09/12/2018 - Domestic Non-Profit	 View image in PDF format

FAX

From: davita@kimmarkscpa.com

To:

The following files are attached to this email.
2019.08.06 SUNBIZ AMENDMENT NAME CHANGE

RE: AVIAN BIODIVERSITY CENTER INC

ARTICLES OF AMENDMENT

H190002347293

Davita Syfert

KIM MARKS CPA PA
2136 NE 123RD ST
N MIAMI, FL 33181
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RECEIVED

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