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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: MUSEUM OF MILI	TARY HISTORY, INC	D. 	
N10000002933			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Christian B. Robertson			
	(Name of Contact Pers	ion)	
MUSEUM OF MILITARY HISTORY, INC.			
	(Firm/ Company)		<u>, , , , , , , , , , , , , , , , , , , </u>
5210 W. Irlo Bronson Hwy			
	(Address)	·	
Kissimee, FL 34746			
	(City/ State and Zip Co	ode)	
cbrobertsonandcompany@gmail.com			
E-mail address: (to be used	for future annual repor	rt notification	n)
For further information concerning this matter, please	call:		
Christian B. Robertson	4 at	07	301-8424
(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida De	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certifi	D Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divis	et Address indment Secti sion of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MUSEUM OF MILITARY HISTORY, INC.

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N10000002933		
(Document N	Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
N/A		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation" or "incorporated"	
B. Enter new principal office address, if applicable:	5210 W. Irlo Bronson	Hwy
(Principal office address MUST BE A STREET ADDR	Kissimmee, FL 34746	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5210 W. Irlo Bronson	Hwy
	Kissimmee, FL 34746	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Chri	stian B. Robertson	
Name of New Registered Agent:	Name of New Registered Agent:	
3210) W. Irlo Bronson Hwy	rida street address)
New Registered Office Address:		,
Kiss	Kissimmee . Florida 34746	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		he obligations of the position.
	Signature of New Register	red Avent, if chanving

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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change × Add	CCEO	Christian B. Robertson	5210 W. Irlo Bronson Hwy Kissimmee, FL 34746
Remove			
2) Change Add	CCEO	Donald R. Smith	5021 Greenway Rd Kissimmee, FL 34746
x Remove 3) Change x Add Remove	<u>IVC</u>	Carolyn Fresneda	5210 W. Irlo Bronson Hwv Kissimmee, FL 34746
4) Change Add	2VC	Donny Shroyer	5210 W. Irlo Bronson Hwv Kissimmee, FL 34746
Remove			
5) Change Add	VC	Gary Grimes	2295 Lea Drive St. Cloud, FL 34769
 X Remove 6) Change Add 	<u>ED</u>	Scott Carmean	1190 Pecan Street Kissimmee, FL 34741
		Articles, enter change(s) here:	
(attach additional sh	vets, if necessary	у). (Ве ѕресціс)	
Remove	Т	Fran Smith	5021 Greenwav Rd.
			Kissimmee, FL 34746
Add	S	Patti O'Brien	5210 W. Irlo Bronson Hwy
			Kissimmee, FL 34746

Add	T	Edward Fresneda	5210 W. Irlo Bronson Hwy
			Kissimmee, FL 34746
Add	11	James Black	5210 W. Irlo Bronson Hwy
			Kissimmee, FL 34746
	<u> </u>		
		 .	
 			
			
			<u> </u>
	.		
	 		
The date of each and date this document v	nendment(s) ad vas signed.	option: 2/22/21	, if other than the
Effective date if ap	plicable: 2/22/		
		(no more than 90 days after ame	ndment file date)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

	2/22/21
Dated	
Signatu	re CLBID A
	(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)
	Christian B. Robertson
	(Typed or printed name of person signing)
	Chairman/CEO