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(((H21000464610 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SWAINE, HARRIS & WOHL, P.A.

Account Number : I19980000021 : (863)465-2811 Fax Number : (863)465-6999

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

Email Address: terri@heartlandlaw.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SEBRING MAIN STREET, INC.

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December 27, 2021

FLORIDA DEPARTMENT OF STATE
Dryssion of Corporations

SEBRING MAIN STREET, INC. 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING, FL 33871-1243

SUBJECT: SEBRING MAIN STREET, INC.

REF: N11098

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please type or print more clearly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt Regulatory Specialist III FAX Aud. #: H21000454610 Letter Number: 021A00031036 (((H21000464610 3)))

^	rices of Amendment	
Ar	to ticles of Incorporation	
7.1	of	
Sebring Main Street, Inc.		
Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N11098		
(Document N	lumber of Corporation (if	cnown)
Pursuant to the provisions of section 617.1006, Florida S emendment(s) to its Articles of Incorporation:	tatutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corr	oration:	
Children's Museum of the Highlands, Inc.		The new
name must be distinguishable and contain the word "cor	poration" or "incorporate	
"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 ADDR	ESS)	
C. Enter new mailing address, If applicable: (Mailing address MAY BE A POST OF FICE BOX)		<u> </u>
	<del></del>	
D. If amending the registered agent and/or registered	l office eddness in Florid	anter the name of the
new registered agent and/or the new registered of	fice address:	s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(4	Florida street address)
		<b>-</b>
	(City)	, Florida (Zip Code)
	(City)	(sup Code)
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered agent. I d	m Jamiliar with and occep	n the obligations of the position.
	Signature of New Resi-	tered doest if changing

(((H210004646103)))

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Bryant Musselman	2160 Lakeview Drive Schring, FL 33870
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add	<u> </u>		
Remove			
E. If amending or addin (attach additional shee	g additions ts. if neces	nal Articles, enter change(s) he sary). (Be specific)	ere:

11/31/2022 15:31 8634/10008	8 SWAINE & HARRIS, PA	PAGE	94
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		<del></del>	
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		<u>-</u>	
The date of each amendment(s) adoption date this document was signed.	n:	, if other than	the
_			
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>	_
<u>Note:</u> If the date inserted in this block does document's effective date on the Departme	s not meet the applicable statutory filing requirements, this date will not be nt of State's records.	e listed as the	
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.

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(((H21000464610 3)))

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 Signatur	(By the chairman or vice chairman of the hoard, 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)  Will Swaine
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)