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A. Butter

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

EXPLORATION NAME OF CORPORATION:	S V CHILDREN'S N	IUSEUM, INC.	
N38953 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	submitted for filing.		<u> </u>
Please return all correspondence concerning this m	natter to the following	g:	
Kyle Jensen			
	(Name of Contac	et Person)	
Clark, Campbell, Lancaster & Munson, P.A.			
	(Firm/ Com	pany)	
500 South Florida Ave. Suite 800			
	(Address	s)	
Lakeland Florida 33801			
	(City/ State and 2	Zip Code)	
Khjensen@cclmlaw.com			
E-mail address: (to be t	used for future annua	l report notification	on)
For further information concerning this matter, ple	ease call:		
Kyle Jensen		863 at	647-5337
(Name of Contact Per	rson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Flor	ida Department of	f State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		Py is Certi Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sec	tion
Division of Corporations		Division of Corp	oorations
P.O. Box 6327		The Centre of	Tallahassee Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

EXPLORATIONS V CHILDREN'S MUSEUM, INC.		2021 MAR 12 PH 2: 54
Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N38953		SECRETARY OF STATE TALLAHASSEF, FL
(Document N	Number of Corporation (if	
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
Florida Children's Museum, Inc.		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	poration" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
manual dances of the second se		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		a, enter the name of the
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I details		pt the obligations of the position.
	Signature of New Reg.	istered Agent, if changing

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)	<u>Title</u>	Name	Address
Change Add			
Remove			
2) Change Add		-	
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: 2ssary). (Be specific)	
			
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The date of each amendment(s) adoption: _date this document was signed.		, if other than the
Effective date if applicable:	more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department	ot meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

oted by the bo	ard of directors.
Dated 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)
	Amanda Fulton
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were