			Minimum Filing Fee \$10.00. An additional \$10 filing fee if changing purpose				
		DOMESTIC					
N	IONPRO	OFIT CORPORATION					
	STA	ATE OF MAINE					
		RESTATED					
ARTI	CLES	OF INCORPORATION					
			Deputy Secretary of State				
			A True Copy When Attested By Signature				
The Falmouth Historical Society			Deputy Secretary of State				
(Name of Corpo	oration as it	appears on the records of the Secretary of State)	Deputy Secretary of State				
	<b>5.15</b> 6.						
Pursuant to 13	-B MRSA	§805, the undersigned corporation adopts the	ese Articles of Restatement:				
FIRST:	All restated statements required to be set forth in Articles of Incorporation (*MNPCA-6-1) are attached a						
		it A. Statements as to the incomement was adopted on October 29, 2019	rporator or incorporators and the initial directors may be omitted. This				
	100000	(date)					
	("X" one box only)						
	X	By the members at a meeting at which a the votes which members were entitled to	quorum was present and the restatement received at least a majority of cast.				
		(If the Articles require more than a mareceived at least the percentage of votes in	jority vote.) By the members at a meeting at which the restatement required by the Articles of Incorporation.				
		By the written consent of all members en	titled to vote with respect thereto.				
		(If no members, or none entitled to vote thereon.) By majority vote of the board of directors.					
SECOND:	The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)						
		Commercial Registered Agent	CRA Public Number:				
		(name of commercial registered agent)					
	X	Noncommercial Registered Agent					
		Carol Kauffman					
		(name of noncommercial registered agent)					
		60 Woods Road, Falmouth, Maine 04105					
		(physical location, not P.O. Box – street, city, state and zip code)					
		190 US Route One PMB 367, Falmouth, Maine 04105					

(mailing address if different from above)

RD	

Pursuant to 5 MRSA §108.3, the new commercial registered agent as listed above has consented to serve as the registered agent for this nonprofit corporation.

Dated October 29, 2019	**By	
		(signature)
MUST BE COMPLETED FOR VOTE OF MEMBERS	alaste D	David Farnham, President type or print name and capacity)
I certify that I have custody of the minutes showing the above action by the members.	**By	(signature)
		type or print name and capacity)
(signature of clerk, secretary or asst. secretary)	]	

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: Secretary of State

**Division of Corporations, UCC and Commissions** 

101 State House Station Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

<sup>\*</sup>Form MNPCA-6-1 MUST accompany this filing.

<sup>\*\*</sup>This document MUST be signed by any duly authorized officer. (13-B MRSA §104.1.B)