734137

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	e of Technology Research	& Engineerii	ng, Inc. (FIIKE)
734137 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Wendy Murrell			
	(Name of Contact Pe	erson)	
Florida Institute of Technology. Inc.			
	(Firm/ Company	<i>;</i>)	
150 W. University Blvd.			
	(Address)		
Melbourne, FL 32901-6988			
	(City/ State and Zip	Code)	
wmurrell@fit.edu			
E-mail address: (to be	used for future annual rep	ort notification	on)
For further information concerning this matter, pl	lease call:		
Wendy Murrell	at	321	674-8062
(Name of Contact Pe			(Daytime Telephone Number)
Enclosed is a check for the following amount man	de payable to the Florida l	Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Star	tus	Certi s Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Di	reet Address nendment Sec vision of Corp te Centre of	porations

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Articles of Amendment to Articles of Incorporation of

Florida Institute of Technology Research & Engineering, Inc. (FITRE)

Name of Corporation as currently filed with th	e Florida De	pt. of State)		· · -· -	
734137					
(Docur	nent Number	of Corporation	n (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes,	this <i>Florida I</i>	Not For Profit Co	rporation adopts th	e following
A. If amending name, enter the new name of th	e corporatio	<u>n:</u>			
n/a					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		n" or "incorp	orated" or the ab	breviation "Corp."	
B. Enter new principal office address, if applica	r able:	n/a			
(Principal office address <u>MUST BE A STREET A</u>					
	_				
	_				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	ı∕a			
(Manual address MANU DE TITOST OF TICE	<u> </u>		··· <u>-</u>		
	_				_
	_				
)
 If amending the registered agent and/or reginew registered agent and/or the new register 			orida, enter the i	name of the	T
	Michael Gri				2
Name of New Registered Agent:					` ' '
	150 W. Uni	versity Blvd.			<u> </u>
New Registered Office Address:	<u>:</u>		(Florida street ad	dress) -	ن أَن
	Melbourne			32901	6988
		(Citv)		, Florida	
		(Cny)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent			accept the obligate	ions of the position.	
_	<u> </u>	ll Wh			<u></u>
	Sign	ature of New .	Registered 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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) _x Change Add Remove	<u>PCEO</u>	T. Dwayne McCay	150 W. University Blvd. Melobunre, FL 32901-6988
2) Change Add	<u>T</u>	Marsha Bewersdorf	150 W. University Blvd. Melbourne, FL 32901-6988
X Remove	<u>TCFO</u>	Michael Grieves	150 W. University Blvd. Melbourne, FL 32901-6988
4) Change Add	<u>S</u>	Frank Kinney	150 W. University Blvd. Melbourne, FL 32901-6988
	<u>S</u>	Wesley Sumner	150 W. University Blvd. Melbourne, FL 32901-6988
6) Change Add Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
n/a			

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and his death of		n/a				
The date of each amendment	(s) adoption: _.				<u> </u>	, if other than the
date this document was signed.						
_						
Effective date if applicable:	10/27/2020					
meetire date it applicable.	/	more than 90 a	lense esterna	and Images Class.	atal	
	(nc	more man 90 a	wys after am	енитет зне ас	((C)	
		<u>.</u>		e		.,,
Note: If the date inserted in the	is block does n	ot meet the app	licable statute	ory filing requi	rements, this date	e will not be listed as the
document's effective date on th	e Department	of State's record	ds.			
	•					

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)

Adoption of Amendment(s)

	10/27/2020
Dated	
Signature	Da won Mc Com
	(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)
	T. Dwayne McCay
	T. Dwayne McCay (Typed or printed name of person signing)