## 741921

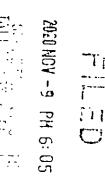
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:                                   | m of Art, Inc.   |                               |  |
|--|--|-------------------------------|--|
| 741921<br>DOCUMENT NUMBER:                             |  |                               |  |
| The enclosed Articles of Amendment and fee a           |  |                               |  |
| Please return all correspondence concerning th         | is matter to the following:  |                               |  |
| Wendy Murrell  |  |                               |  |
| <del></del>  | (Name of Contact Po  | erson)                        |  |
| Florida Institute of Technology, Inc.                  |  |                               |  |
|  | (Firm/ Company   | y)                            | -  |
| 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  | port notificatio              | n)   |
| For further information concerning this matter.        | please call:   |                               |  |
| Wendy Murrell  | at   | 321                           | 674-8062   |
| (Name of Contact                                       | Person)  | (Area Code)                   | (Daytime Telephone Number)                                   |
| Enclosed is a check for the following amount r         | nade payable to the Florida  | Department of                 | State:   |
| ■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of S | Fee & \$\Bar{1}\$\$43.75 Filing Fee Status Certified Copy (Additional copy i enclosed) | Certif<br>s Certif<br>(Addi   | 0 Filing Fee Teate of Status Ted Copy Itional Copy is Desed) |
| Mailing Address Amendment Section                      |  | reet Address<br>mendment Sect | ion  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FIT Museum of Art, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 741921 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: n/a name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. n/a B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: n/a (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Michael Grieves Name of New Registered Agent: 150 W. University Blvd. (Florida street address) New Registered Office Address: Melbourne Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature 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            | <u>V</u> <u>Mike</u> | Doe<br>2 Jones<br>2 Smith                         |   |
|---|----------------------|---|---|
| Type of Action<br>(Check One)               | <u>Title</u>         | Name  | <u>Addres</u> s                                     |
| 1) _x Change Add                            | <u>PCEO</u>          | T. Dwayne McCay                                   | 150 W. University Blvd.  Melobunre, FL 32901-6988   |
| Remove 2) Change Add                        | <u>T</u>             | Marsha Bewersdorf                                 | 150 W. University Blvd.<br>Melbourne, FL 32901-6988 |
| x Remove 3) Change x Add Remove             | <u>TCFO</u>          | Michael Grieves                                   | 150 W. University Blvd.<br>Melbourne, FL 32901-6988 |
| 4) Change Add                               |                      |   |   |
| Remove  5) Change Add                       |                      |   |   |
| Remove 6) Change Add                        |                      |   |   |
| E. If amending or add (attach additional sh |                      | articles, enter change(s) here:  ). (Be specific) |   |
| n/a   |                      |   |   |
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|   |                         |                            |                           |                     |
|   | n/a                     |                            |                           |                     |
| The date of each amendment(s) adoption:       |                         |                            |                           | , if other than the |
| date this document was signed.                |                         |                            |                           |                     |
| 10/27/2020                                    |                         |                            |                           |                     |
| Effective date if applicable:                 |                         |                            |                           |                     |
| (ne   | o more than 90 days a   | fter amendment file dat    | te)                       |                     |
|   |                         |                            |                           |                     |
| Note: If the date inserted in this block does | not meet the applicable | e statutory filing require | ements, this date will no | t be listed as the  |
| document's effective date on the Department   | of State's records.     |                            |                           |                     |

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

Adoption of Amendment(s) (CHECK ONE)

| D . I    | 10/27/2020   |
|----------|--|
| Dated    |  |
| Signatur | dhugu Me Cu  |
| -        | (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  |
|          | (Typed or printed name of person signing)  |
|          | (, * L , L ,   |