

N17000011917

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TALLAHASSEE FLORIDA

*Amend.*  
*7/5/18*

*Dc*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2018

KELLY SKIDMORE  
MARINE RESEARCH HUB  
221 SW 3RD AVE.  
FT. LAUDERDALE, FL 33312

SUBJECT: THE MARINE RESEARCH HUB OF SOUTH FLORIDA, INC.  
Ref. Number: N17000011917

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

- ✓ The current name of the entity is as referenced above. Please correct your document accordingly.
- ✓ The date of adoption of each amendment must be included in the document.
- ✓ Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).
- ✓ The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.
- ✓ The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 418A0001300

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 JUL -5 PM 12:05

RECEIVED

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Marine Research Hub of South Florida, Inc.

DOCUMENT NUMBER: N17000011917

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Skidmore  
(Name of Contact Person)

Marine Research Hub  
(Firm/ Company)

221 SW 3<sup>rd</sup> Avenue  
(Address)

Fort Lauderdale, FL 33312  
(City/ State and Zip Code)

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at \_\_\_\_\_  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

The Marine Research Hub of South Florida, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

NI7000011917

(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:**

\_\_\_\_\_ *The new 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.*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

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**C. Enter new mailing address, if applicable:**  
(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:**

Name of New Registered Agent: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>John Kelly</u>	<u>Florida Atlantic Univ.</u> <u>777 Glades Rd</u> <u>Boca Raton, FL 33431</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Mark B. Rosenberg</u>	<u>Florida International Univ.</u> <u>3000 NE 151<sup>st</sup> Street</u> <u>North Miami, FL 33181</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Julio Frenk</u>	<u>Ashe Administration Bldg.</u> <u>1242 Memorial Drive</u> <u>Coral Gables, FL 33124</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>George Hanbury II</u>	<u>Nova Southeastern Univ.</u> <u>3301 College Ave.</u> <u>Fort Lauderdale, FL 33314</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Kelly Smallridge</u>	<u>Business Development Board of PBC</u> <u>310 Evernia Street</u> <u>West Palm Beach, FL 33401</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Michael Finney</u>	<u>Miami-Dade Beacon Council</u> <u>80 SW 8<sup>th</sup> Street, #2400</u> <u>Miami, FL 33130</u>



The date of each amendment(s) adoption: June 5, 2018, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.
- 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 June 11, 2018

Signature Kelly Skidmore

(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)

Kelly Skidmore  
(Typed or printed name of person signing)

Incorporator  
(Title of person signing)