394051

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECURE FAME STATE ALLAHASSEE, FLORIDA

NOV 28 2018

S. YOUNG

COVER LETTER

Division of Corporations NAME OF CORPORATION: Lowry Research Corporation DOCUMENT NUMBER: 394051 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathleen A. Kadyszewski Name of Contact Person Murphy Reid, L.L.P. Firm/ Company 11300 U.S. Highway One, Suite 401 Address Palm Beach Gardens, FL 33408 City/ State and Zip Code mmakhoul@murphyreid.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mireille Makhoul at (561) 355-8800

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address

TO: Amendment Section

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

n

(Name o	of Corporation as currently filed with the F	lorida Dept. of State)	
394051			
	(Document Number of Corporation (if k	nown)	_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Co.	rporation adopts the following amendme	ıt(s)
A. If amending name, enter the new na	ame of the corporation:		
		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," e ation "Corp," "Inc," or "Co". A professio tion," or the abbreviation "P.A."	or "incorporated" or the abbreviation nal corporation name must contain the	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> o		8 NO 19 M 9	1
D. If amending the registered agent an new registered agent and/or the nev	d/or registered office address in Florida, en	ter the name of the	
Name of New Registered Agent	Mary Louise Desmond		
Emily March Hogister on Agent	11300 U.S. Highway One, Suite 400		
	(Florida street address)		
New Registered Office Address:	Palm Beach Gardens	, Florida	
	(City)	(Zip Code)	

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	<u> 14</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	Paul F. Desmond	11300 U.S. Highway One #400
Add			Palm Beach Gardens, FL 33408
X Remove			
2) X Change	PST	Mary Louise Desmond	11300 U.S. Highway One
Add			Suite 400
Remove			Palm Beach Gardens, FL 33408
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
 	
	
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f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, 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 dadocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statema must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director) prosident or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)	-t
Mary Louise Desmond	
(Typed or printed name of person signing)	,
PST	
(Title of person signing)	