708670

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Florida Institute of ON:	Technology, Inc.		
DOCUMENT NUMBER:	708670			
	_			
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
Wendy Murrell				
		(Name of Contact Perso	n)	·
Florida Institute of Technol	ogy, Inc.			
		(Firm/ Company)		
150 W. University Blvd.				
		(Address)		
Melbourne, FL 32901-698	8			
		(City/ State and Zip Cod	le)	
wmurrell@fit.edu				
F	-mail address: (to be use	d for future annual report	notification	n)
For further information cond	erning this matter, please	eall:		
Wendy Murrell		32 at		674-8062
-	(Name of Contact Persor		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made p	ayable to the Florida Dep	artment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A			Address	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

Florida Institute of Technology, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 708670 (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 Jones Name of New Registered Agent: 150 W. University Blvd. (Florida street address) New Registered Office Address: Melbourne _, Florida <u>329</u>01 (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	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	TCFO	Michael Grieves	150 W. University Blvd. Melbourne, FL 32901-6988
Remove 2) Change Add	TCFO	Michael Jones	150 W. University Blvd. Melbourne, FL 32901-6988
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
6) Change Add			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

		
		
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The date of each amendment late this document was signed	s) adoption:	, if other than
Effective date <u>if applicable</u> :	07/06/2021	
<u>, app</u>	(no more than 90 days after amendn	nent file date)
iote: If the date inserted in th	s block does not meet the applicable statutory f	iling 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.

Dated	07/06/2021
Pated	$\overline{\mathcal{L}}$
Signatur	e de la
v	(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)

(Title of person signing)