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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Florida Institute of Technology Research	& Engineering, Inc. (FITRE)				
Name of Corporation					
DOCUMENT NUMBER: 734137					
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Rebecca Crook					
Name of Contact Person					
Florida Institute of Technology, Inc.					
Firm/Company					
150 W. University Blvd.					
Address					
Melbourne, FL 32901					
City/State and Zip Code					
berook@fit.edu					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, plea	se call:				
Rebecca Cook	at (321) 674-7232 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the De	partment of State.				
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted	for a corporat	ion organizea	97,1508, or 617.1. under the laws of agent, or both, in	the State of	f <u>Flori</u>	da	
1. The name of t	he cornoration:	Florida Institu	te of Technolo	gy Research & Eng	ineering, Inc	c. (FITR	lE)	
2. The principal	•	150 W. Univer	rsity Blvd.					
2. The principal		Melbourne, Fl	. 32901	-				
3. The mailing a	ddress (if differ	ent): _same						
4. Date of incorp			975	_ Document numb	ber:	7		
5. The name and		of the current re	gistered agent	and registered of	fice on file	with the	;	
	Patrick F. Healy	,						
	150 W. Univers	ity Blvd.			_			
	Melbourne, FL	32901				<u>:=</u> :	2020	
6. The name and (if changed):	Melbourne, FL 32901 street address of the new registered agent (if changed) and /or registered office							
	Marsha Bewers	dorf				98 <u>9</u>	PH	المسط المرابع
	150 W. Univers	ity Blvd.				STA	PM 4: 1	
			P.O. Box NO	T acceptable		— <u>—</u>	9	
	Melbourne, FL	32901						
The street addre	ss of its registe be identical.	red office and	the street add	ress of the busine	ss office of	its reg	istered	. agent,
Such change wa authorized by th	is authorized by the board, or the	resolution dul corporation ha	y adopted by s been notifie	its board of directed in writing of th	tors or by a e change.	ın offic	er so	
Fall	lle a	_	Т	. Dwayne McCay,	President			
Signatur	e of an officer or dire	Λ	-	Printed or	typed name and			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointmen o comply with i d I am familiar ng filed merely been notified i	it as registered he provisions (with and acce to reflect a cho n writing of thi	agent and ag of all statutes of the obligat inge in the re is change.	gree to act in this relative to the pr ion of my position gistered office ad	capacity. oper and co i as registed dress, I her	omplete red age reby col	? perfo nt. Oi nfirm 1	rmance f if this that the
1 Carsho	Auesd nature of Registered	al/		8/28/20	a0			
Sign	nature of Registered.	Agent		21 7:217	Date			
If signing on be	half of an entity	<i>"</i> :						
Marsha Bewersde	orf							
Ty	ped or Printed Name	:	<u> </u>					

* * * FILING FEE: \$35.00 * * *