H 83472

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2020 FEB 18 AM 9: 05

Amend

MAR 1 1 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Morgan & Eklund	, Inc.	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	James Flannery		
		Name of Contact Persor	1
	Continental Shelf Associates	, Inc.	
		Firm/ Company	
	8502 SW Kansas Avenue	, and Company	
		Address	
	Stuart, FL 34997		
		City/ State and Zip Code	:
	jflannery@conshelf.com		
	E-mail address; (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
James Flannery		at (219-3036
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check to	or the following amount made	payable to the Florida Depo	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

Morgan & Eklund, Inc.			
(Name	of Corporation as currentl	v filed with the Florida Dept. of St	ate)
H83492			
	(Document Number o	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts th	ne following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp." "Inc." or "Co". 🕝	I professional corporation name m	abbreviation "Corp"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			2020
			<u> </u>
C. Enter new mailing address, if appl	icable:	N1/ A	65
(Mailing address MAY BE A POST		N/A 	
			0
			
D. If amending the registered agent an new registered agent and/or the ne			<u>he</u>
new registered agent and/or the ne	Robert D. Mulcahy	<u>4</u>	
Name of New Registered Agent	Robert 15. Marcany		
	8502 SW Kansas Avenue		
	(Florida sir	ret address)	
New Registered Office Address:	Stuart	, Floric	·
		(City)	(Zīp Code)
New Registered Agent's Signature, if o	hanging Registered Agent	<u>:</u>	
I hereby accept the appointment as regis.	tered agent. I am familiar v	cith and accept the obligations of the	position.
•			
	& talled		
-	Signature of New R	egistered Agent, if changing	
		Personal and a sumble of	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	Р	John R. Morgan II	4909 US Highway 1	
Add			Vero Beach, FL 32967	
X Remove 2) Change	v	David W. Coggin	4909 US Highway I	
X Add			Vero Beach, FL 32967	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			· -	
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
	-				
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f an amendment provides for an exch	ange, reclassifica	ition, or cancella	tion of issued sl	nares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not co	ntained in the am	endment itself:	•	
(у пол арупсате, такие у л)					
				*	
				 	

•

date this docume	ent was signed.
Effective date <u>if</u>	fapplicable:
	(no more than 90 days after amendment file date)
	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ctive date on the Department of State's records.
Adoption of An	nendment(s) (<u>CHECK ONE</u>)
The amendmeaction was no	ent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder of required.
	ent(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) nolders was/were sufficient for approval.
	ent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):
"The ni	amber of votes cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
	February 13, 2020 Dated
	Signature Continue
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Patrick C. Lagrange
	(Typed or printed name of person signing)
	Chairman
	(Title of person signing)