

H 83492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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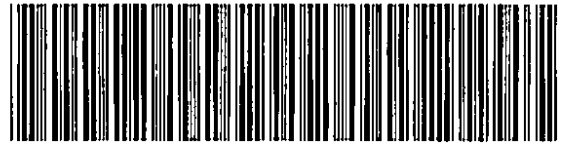
(Business Entity Name)

(Document Number)

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S. PRATHER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Morgan & Eklund, Inc.

**DOCUMENT NUMBER:** H83492

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

Please return all correspondence concerning this matter to the following:

James Flannery

Name of Contact Person

Continental Shelf Associates, Inc.

Firm/ Company

8502 SW Kansas Avenue

Address

Stuart, FL 34997

City/ State and Zip Code

jflannery@conshelf.com

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

For further information concerning this matter, please call:

James Flannery at ( 772 ) 219-3036  
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 type="checkbox"/> \$35 Filing Fee | <input checked="" 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<br>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 currently filed with the Florida Dept. of State)

H83492

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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  
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

**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 N/A  
(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

**Check if applicable**

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



(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

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 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

Dated 28/6/2022

Signature Robert D. Mulcahy

(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)

Robert D. Mulcahy

\_\_\_\_\_  
(Typed or printed name of person signing)

CEO

\_\_\_\_\_  
(Title of person signing)

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TALLAHASSEE, FLORIDA

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H83492

Entity Name: MORGAN & EKLUND, INC.

Current Principal Place of Business:

4909 US HIGHWAY 1  
VERO BEACH, FL 32967

Current Mailing Address:

4909 US HIGHWAY 1  
VERO BEACH, FL 32967 US

FEI Number: 59-2596999

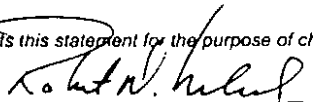
Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MULCAHY, ROBERT D  
8502 SW KANSAS AVENUE  
STUART, FL 34997 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

  
Electronic Signature of Registered Agent

2/8/6/2022  
Date

**Officer/Director Detail :**

Title CEO  
Name MULCAHY, ROBERT D  
Address 8502 SW KANSAS AVENUE  
City-State-Zip: STUART FL 34997

Title CD  
Name LAGRANGE, PATRICK C  
Address 8502 SW KANSAS AVENUE  
City-State-Zip: STUART FL 34997

Title D  
Name PETERSON, KEVIN C  
Address 8502 SW KANSAS AVENUE  
City-State-Zip: STUART FL 34997

Title D  
Name BYOUS, JAMES  
Address 8502 SW KANSAS AVENUE  
City-State-Zip: STUART FL 34997

Title ST  
Name FLANNERY, JAMES  
Address 8502 SW KANSAS AVENUE  
City-State-Zip: STUART FL 34997

Title V  
Name COGGIN, DAVID W  
Address 4909 US HIGHWAY 1  
City-State-Zip: VERO BEACH FL 32967

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT D MULCAHY

CEO

02/16/2022

Electronic Signature of Signing Officer/Director Detail

Date