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Amendris

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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPO	PRATION: : MORRIS-DEPEN	V ASSOCIATES, INC.			
DOCUMENT NUN					
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	RYAN M SHUTE				
	Name of Contact Person				
	MORRIS-DEPEW ASSOCIATES, INC				
		Firm/ Company			
	2914 CLEVELAND AVENUE				
	Address				
	FORT MYERS, FL 33901				
		City/ State and Zip Code			
	RSHUTE@M-DA.COM				
	E-mail address: (to be used for future annual report notification)				
For further informati	on concerning this matter, pleas	se call:			
Ryan Shute		at (	337-3993		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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

## MORRIS-DEPEW ASSOCIATES, INC.

(Name of Corporation as curre	ently filed with the Florida	Dept. of State)
L146	86	
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his <i>Florida Profit Corporati</i>	on adopts the following amendment(s) t
A. If amending name, enter the new name of the corporations	<u>:</u>	
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	. A professional corporati	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		- 200
		13
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		<del></del>
		P:1/1: 2.7
	<del></del>	2 <sub>1</sub>
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		e name of the
Name of New Registered Agent		
·		
(Floride	i street addressi	
New Registered Office Address:	(City)	. Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent: ar with and accept the obliga	ations of the position.
Signature of New	w Registered Agent, if chang	ing
Check if applicable	II) (a) E S	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	ιτη (¢), π.δ.	

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	PT	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Mark Hatfield	2914 Cleveland Ave
Add			FT Myers. FL 33901
X Remove			
2) Change	VP	Thomas Michael Rooks, JR	2914 Cleveland Ave
X Add			FT Myers, FL 33901
Remove 3 ) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change		_	
Add			
_ Remove			

E. <u>If amending</u> (Attach <i>additi</i>	or adding additional A ional sheets, if necessary,	rticles, enter chango (     (Be specific)	(s) here:		
N/A	ional taleeto, ly necessary,	( in operation)			
				•	
		<del></del> ,			
					_
		<del></del>			<del></del> -
		<u> </u>			
				-	
	•	-			
·	<del></del>	····			
. If an amend	ment provides for an ex	change, reclassifica	tion, or cancellation	of issued shares.	
provisions	for implementing the ar	nendment if not con	tained in the amend	ment itself:	
(if not a	applicable, indicate $N[A]$				
N/A					
			<del>-</del>		
	<del></del>				
	<del></del>	<del> </del>	<del></del>		

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	adoption:	, if other than the
date this document was signed.	eptember 1, 2020	
Effective date <u>if applicable</u> :	<u> </u>	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requir Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without s	hareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the sufficient for approval.	ne amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/01/20	220	
Dated		
c: .	1 All	
Signature	director, president or other officer - if directors or officers	have not been
	eted, by an incorporator – if in the hands of a receiver, truste	
	sinted fiduciary by that fiduciary)	
	Ryan M Shute	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	• •