N1000000 8810

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TO: Amendment Section Division of Corporations

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Institute of NAME OF CORPORATION:	Military Technology
N10000008810)
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
William Knight	
	(Name of Contact Person)
Institute of Military Technology	
	(Firm/ Company)
701 Columbia Blvd.	
	(Address)
Titusville F1, 32780	
	(City/ State and Zip Code)
wknight@knightarmco.com	
E-mail address: (t	to be used for future annual report notification)
For further information concerning this matter	er, please call:
William Knight	321 607-9950
(Name of Conta	ct Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoun	nt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate o	
Mailing Address	Street Address

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

Institute of Military Technology (Name of Corporation as currently filed with the Florida Dept. of State) N10000008810 (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: _The new 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 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: Name of New Registered Agent: (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

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 De V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	D	Werner, Michael II	701 Columbia Blvd. Titusville FL 32780
xx Remove			
2) Change Add	<u>D, P</u>	Knight III, C. Reed	701 Columbia Blvd. Titusville FL 32780
Remove	<u>D, P</u>	Knight Jr., C. Reed	701 Columbia Blvd. Titusville F1, 32780
4) Change Add	D, T	Knight, William P	701 Columbia Blvd. Titusville FL 32780
<u>**</u> Remove			
5) Change Add	D	Knight, Jacob R	701 Columbia Blvd. Titusville FL 32780
xx Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		•	*** · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:			
Effective date if applicable: 08/26/2020			
Effective date if applicable: 08/26/2020			
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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 members and the number of votes cast for the amendment(s)		n:	, if other than the
 (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 members and the number of votes cast for the amendment(s) 	08/26/2021)	
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 east for the amendment(s)	<u></u>	(no more than 90 days after amendment file date)	
☐ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)	Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will no ent of State's records.	ot be listed as the
	Adoption of Amendment(s)	(CHECK ONE)	
		by the members and the number of votes east for the amendment(s)	

Dated	08/26/2020
Signatur	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	C. Reed Knight Jr.
	(Typed or printed name of person signing)
	Director/President

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were