N18000007065

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SER CO. THE SERVICE OF THE SERVICE O 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I20000000195 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE: September 20, 2019 ORDER TIME : 3:30 PM ORDER NO. : 930121-005 CUSTOMER NO: 7473076 DOMESTIC AMENDMENT FILING NAME: HARRIS FOUNDATION, INC. EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ___ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| • | COVER LETTER | |
|--|---|--|
| TO: Amendment Section Division of Corporations | | Sto 23 miles |
| NAME OF CORPORATION: Harris Foundat | ion, Inc. | ع کی ایک ایک ایک ایک ایک ایک ایک ایک ایک |
| DOCUMENT NUMBER: N18000007068 | · · · · · · · · · · · · · · · · · · · | <u>, č</u> . |
| The enclosed Articles of Amendment and fee are subn | nitted for filing. | |
| Please return all correspondence concerning this matte | r to the following: | |
| Kimberly O'Rourke | | |
| | (Name of Contact Person) | |
| L3Harris Technologies, Inc. | | |
| | (Firm/ Company) | |
| | | |
| | (Address) | |
| | City/ State and Zip Code) | |
| | only, blane and sap code) | |
| E-mail address: (to be used | for future annual report notification |) |
| For further information concerning this matter, please c | all: | |
| | | |
| (Name of Contact Person) | at (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | able to the Florida Department of S | State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status | Certified Copy Certifi (Additional copy is Certifi | Difiling Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Address Amendment Section | Street Address Amendment Section | on . |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000007068

| | Articles of Amendment to Articles of Incorporation of | | SE 2 |
|---|--|---------------------------|-------------------------|
| Harris Foundation, Inc. | | | |
| (Name of Corporation as | s currently filed with the | Florida Dept. of State | |
| N18000007068 | | | |
| (Document) | nt Number of Corporation | (if known) | we will be a second |
| Pursuant to the provisions of section 617.1006, Floridan and Incorporation: | a Statutes, this <i>Florida No</i> | t For Profit Corporation | on adopts the following |
| A. If amending name, enter the new name of the co | orporation: | | |
| L3Harris Foundation, Inc. | | | The new |
| name must be distinguishable and contain the word "company" or "Co." may not be used in the name. 3. Enter new principal office address, if applicable | | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u> | (X) | | |
|). If amending the registered agent and/or register | | ida, enter the name of | <u>[the</u> |
| new registered agent and/or the new registered | office address: | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | (Florida street address) | |
| | | , Flo | orida |
| - | (City) | (2 | orida Zip Code) |
| lew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent. | istered Agent: I am familiar with and acc | cept the obligations of t | the position. |
| | Signature of New Re | egistered Agent, if chan | nging |

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 D V Mike J SV Sally S | <u>ones</u> | |
|-----------------------------------|---|---------------------------------------|---------------------|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | VP, Treasurer and Director | Rahul Ghai | 1025 W. Nasa Blvd |
| Add | | | Melbourne, FL 32919 |
| X Remove | | | |
| 2) Change | VP and Director | Robert L. Duffy | 1025 W. Nasa Blvd |
| Add | | | Melbourne, FL 32919 |
| X Remove 3) Change | VP | James P. Girard | 1025 W. Nasa Blvd |
| XAdd | | | Melbourne, FL 32919 |
| Remove | VP, Treasurer | Jesus "Jay" M. Malave | 1025 W. Nasa Blvd |
| 4) Change X Add | | · · · · · · · · · · · · · · · · · · · | Melbourne, FL 32919 |
| Remove | | | · |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional sheets, if necessity | ssary). (Be specific |) | | |
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| | date of each amendment(s) adoption: | , if other than the |
|------|--|---------------------|
| date | this document was signed. | |
| Effe | ective date if applicable: | |
| | (no more than 90 days after amendment file date) | |
| | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records. | be listed as the |
| Ado | option of Amendment(s) (CHECK ONE) | |
| | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| X | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| | Dated September 20, 2019 | |
| | Signature Scott T. Mikue | _ |
| | (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| | Scott T. Mikuen | |
| | (Typed or printed name of person signing) | |
| | Vice President and Secretary | |
| | (Title of person signing) | |