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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CFO

SIGNATURE: MICHAEL GRIEVES

DOCUMENT# 741921

Entity Name: FIT MUSEUM OF ART, INC.

### **Current Principal Place of Business:**

150 W. UNIVERSITY BLVD MELBOURNE. FL 32901-6988

### **Current Mailing Address:**

150 W. UNIVERSITY BLVD MELBOURNE, FL 32901-6988 US

## FEI Number: 59-1804524

# Name and Address of Current Registered Agent:

GRIEVES, MICHAEL 150 W. UNIVERSITY BLVD. MELBOURNE, FL 32901-6988 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 Sig

## **Officer/Director Detail :**

Title	PCEO	Title	TCFO
Name	MCCAY, T. DWAYNE	Name	GRIEVES, MICHAEL
Address	150 W. UNIVERSITY BLVD	Address	150 W. UNIVERSITY BLVD
City-State-Zip:	MELBOURNE FL 32901-6988	City-State-Zip:	MELBOURNE FL 32901-6988

gnature of Registered Agent					
	Title	TCFO			
VAYNE	Name	GRIEVES, MICHAEL			

Certificate of Status Desired: No

Date

04/13/2021

FILED Apr 13, 2021 Secretary of State 0012206807CC

Electronic Signature of Signing Officer/Director Detail