200098867

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



700334999337

19 SEP 25 PH 4: 32





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

| Phone: 850-558-1500 | | | | | |
|--|--|--|--|--|--|
| ACCOUNT NO. : 12000000195 | | | | | |
| REFERENCE : 934158 4309487 | | | | | |
| AUTHORIZATION: Spelle Ren | | | | | |
| COST LIMIT : \$ 35.00 | | | | | |
| ORDER DATE : September 25, 2019 | | | | | |
| ORDER TIME : 2:47 PM | | | | | |
| ORDER NO. : 934156-005 | | | | | |
| CUSTOMER NO: 4309487 | | | | | |
| | | | | | |
| DOMESTIC AMENDMENT FILING | | | | | |
| NAME: MSG EQUITY, INC. | | | | | |
| EFFECTIVE DATE: | | | | | |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | | |

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS:

.

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: MSG Equity, Inc. | | = | | |
|--|---|---|--|--|--|
| DOCUMENT NUMB | P18000008867 | | | | |
| The enclosed Articles | of Amendment and fee are su | ibmitted for filing. | | | |
| Please return all corres | pondence concerning this ma | atter to the following: | | | |
| | Kathy Sacheli | | | | |
| • | | Name of Contact Person | n | | |
| | Day Pitney LLP | | | | |
| | | Firm/ Company | | | |
| | One Stamford Plaza, 7th Flo | | | | |
| | Address | | | | |
| Stamford, CT 06901 | | | | | |
| , | | C'. (C 17' C 1 | | | |
| | | City/ State and Zip Cod | e | | |
| 4msgi | llis@gmail.com | | | | |
| | E-mail address: (to be u | sed for future annual report | notification) | | |
| | | | | | |
| For further information | concerning this matter, pleas | se call: | | | |
| Kathy Sacheli | | at (²⁰³ | 977-7308 | | |
| Name o | f Contact Person | Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | ☐S43.75 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 | | Street Address Amendment Section Division of Corporations | | | |
| | Box 6327 hassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| MSG Equity. Inc. | | | | | |
|--|---------------------------------|--|--------------|--|-----------|
| (Name of Corporation P18000098867 | on as currently filed | with the Florida Dept. of | State) | | |
| | nent Number of Corpo | ration (if known) | | _ | |
| Pursuant to the provisions of section 607,1006. Florida its Articles of Incorporation: | a Statutes, this <i>Florida</i> | Profit Corporation adopts | the followin | g amendme | ent(s) to |
| A. If amending name, enter the new name of the co | orporation: | | | | |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d | ." "Inc." or "Co" A | mpany," or "incorporated professional corporation | d" or the ac | _The new bbreviation contain the | • • |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u> | <u></u> | | TALLARY | 2019 SEP 21 | |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered o | ed office address in F | lorida, enter the name of | the | 5 AH 9: 55 | |
| Name of New Registered Agent | | | | | |
| | (Florida street addre | ss) | | | |
| New Registered Office Address: | (City) | Flor | rida | ode) | |
| New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I | stered Agent: | accept the obligations of th | , , - | intey | |
| Signal | ture of New Registered | l Agent if changing | <u>-</u> | | |

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 | <u>PT</u> | John Doe | |
|----------------------------|--------------|----------------------|------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | T | Michael Scott Gillis | 3644 Richmond Street |
| X Add | | | Jacksonville, FL 32205 |
| Remove | | | |
| 2) Change | <u>s</u> | Michael Scott Gillis | 3644 Richmond Street |
| X Add | | | Jacksonville, FL 32205 |
| Remove | | | |
| 3) Change | | | _ |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | - |
| Remove | | | |

| See Attachment #1 | amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific) |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, | an amendment provides for an exchange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
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| The date of each amendment(s) a | odentien. —— | September 17 | , 2019 | is and an about the |
|--|---|---|--|-------------------------------------|
| date this document was signed. | .uoption: | | | , if other than the |
| Effective date <u>if applicable</u> : | | | | |
| | (ne | o more than 90 days a | ifter amendment file date) | |
| Note: If the date inserted in this document's effective date on the D | block does not m epartment of State | neet the applicable state's records. | ntutory filing requirements. | this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHEC</u> I | K ONE) | | |
| The amendment(s) was/were ad by the shareholders was/were s | | | r of votes cast for the amen | dment(s) |
| ☐ The amendment(s) was/were ap must he separately provided fo | proved by the shar reach voting grou | areholders through vot up entitled to vote sep | ing groups. The following arately on the amendment | statement (s): |
| "The number of votes cas | for the amendme | ent(s) was/were suffici | ent for approval | |
| by | | | <u>.</u> | |
| | (voting g | group) | | |
| ☐ The amendment(s) was/were ad action was not required. | opted by the board | d of directors without | shareholder action and sha | areholder |
| ☐ The amendment(s) was/were ad action was not required. | opted by the incor | rporators without shar | eholder action and shareho | ılder |
| Dated_Septem | ber 25, <u>2</u> 019 | | | |
| Signature | 751 | | | |
| (By a c | lirector presider | or other officer – if d | irectors or officers have no | ot been |
| selec y | d, by an incorporated fiduciary by the | ator - if in the hands of | of a receiver, trustee, or oth | ier court |
| арроп | | | | |
| | Michael Scott G | iillis かべされる | EL SCOTT GILLIU | |
| | (Турс | ed or printed name of | person sign(fg) | |
| | President | Merine | u_ | |
| | | (Title of persor | r signing) | |

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: MSG Equity, Inc. | | | | | |
|--|--|---|---|--|--|--|
| | BER: P18000098867 | | | | | |
| | s of Amendment and fee are s | ubmitted for filing. | | | | |
| Please return all corre | espondence concerning this ma | atter to the following: | | | | |
| | Kathy Sacheli | | | | | |
| | | Name of Contact Perso | <u> </u> | | | |
| | Day Pitney LLP | | | | | |
| | | Firm/ Company | | | | |
| | One Stamford Plaza, 7th Floor, 263 Tresser Boulevard | | | | | |
| | Address | | | | | |
| | Stamford, CT 06901 | | | | | |
| | | City/ State and Zip Cod | e | | | |
| 4msş | gillis@gmail.com | | | | | |
| | E-mail address: (to be u | sed for future annual report | notification) | | | |
| Care Coate of the second | | | | | | |
| ror luttner informatio | n concerning this matter, plea | se call: | | | | |
| Kathy Sacheli | | at (203 | 977-7308 | | | |
| Name | of Contact Person | Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check fo | or the following amount made | payable to the Florida Depa | nrtment of State: | | | |
| ☐ \$35 Filing Fee | □S43.75 Filing Fee & Certificate of Status | ☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 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 Clifton Building 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301