

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
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1995

5-10-95 B-6603-C

DOCUMENT # P94000042124 (5)

MAY 10 AM 10:35

MSA PROPERTIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3502 HENDERSON BLVD
TAMPA FL 33609

3502 HENDERSON BLVD
TAMPA FL 33609

27 3502 Henderson Blvd.		28 3502 Henderson Blvd.		3. Date of Report: 05/31/1994		3a. Date of last report: Initial	
22 2nd Floor		27 2nd Floor		4. F.F. Number: 59-3302539		Applied Fee: Not Applicable	
23 Tampa, FL		28 Tampa, FL		5. Certificate of Status: Domestic		\$8.75 Additional Fee Required	
24 33609		29 33609		6. Election Campaign Financing: Trust Fund Contributions		\$5.00 May Be Added to Fees	
25 USA		30 USA		8. Does corporation have liability for intangible tax under § 194.047 Florida Statutes? Yes ☒ No ☐			

9. Name and Address of Current Registered Agent

WHITE, DANIEL T
1 BOCA PLACE, SUITE 340 W.
2255 GLADES RD.
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name:	Daniel T. White, Esq.
82 Street Address (P.O. Box Number is Not Acceptable):	3502 Henderson Blvd.
83	2nd Floor
84 City:	Tampa
85 State:	FL
86 Zip Code:	33609

11. The undersigned, being a member of the board of directors of the corporation, certifies that the above named corporation represents the statement for the purpose of changing its registered office as provided in section 194.047, Florida Statutes. The change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent of the corporation and I agree to be responsible for the corporation's compliance with the provisions of the Florida Statutes.

SIGNATURE

By the undersigned, being a member of the board of directors of the corporation

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES, REVOCATIONS AND DISCONTINUATION	
NAME	President, Secretary, Director Daniel T. White, Esq. 3502 Henderson Blvd., 2nd Floor Tampa, FL 33609	1. NAME	☐ Change ☐ Addition
NAME		2. NAME	☐ Change ☐ Addition
NAME		3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
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NAME		14. NAME	☐ Change ☐ Addition
NAME		15. NAME	☐ Change ☐ Addition
NAME		16. NAME	☐ Change ☐ Addition
NAME		17. NAME	☐ Change ☐ Addition
NAME		18. NAME	☐ Change ☐ Addition
NAME		19. NAME	☐ Change ☐ Addition
NAME		20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in section 194.047(4)(b), Florida Statutes. I further certify that this information was submitted for the period report or the biennial annual report as required and is complete and that my signature shall have the same legal effect as if made by me. I understand that the undersigned is responsible for the accuracy of the information supplied and that my signature shall have the same legal effect as if made by me. I understand that the undersigned is responsible for the accuracy of the information supplied and that my signature shall have the same legal effect as if made by me.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF MEMBER OF BOARD OF DIRECTORS

5/14/95

813-877-4672