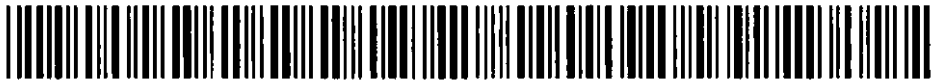


Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

F 1600004570

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((((1120000413449 3)))



H200004134493ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617 6380

From: Account Name : INCORP SERVICES INC  
Account Number : 120120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866 2699

\*\*Enter the email address for this business entity to be used to distribute annual report mailings. Enter only one email address please.

Email Address: Documents@incorp.com

2020 DEC -3 PM 3:05  
FILED  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
GALACTIC INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

DEC 03 2020

H200004134493

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Galactic Insurance Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F16000004570

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Barajas  
Name of Contact Person

InCorp Services, Inc.

\_\_\_\_\_  
Firm/Company

3773 Howard Hughes Parkway Suite 500S

\_\_\_\_\_  
Address

Las Vegas, NV 89169-6014

\_\_\_\_\_  
City/State and Zip Code

documents@incorp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Barajas on behalf of InCorp Services, Inc.

\_\_\_\_\_  
Name of Contact Person

at ( 702 ) 866-2500 ext. 6910

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2004S (04/13)

H200004134493

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

H200004134493

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of AL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Galactic Insurance Services, Inc.
- 2. The principal office address: 2204 LAKESHORE DR STE 130  
Birmingham, AL 35209
- 3. The mailing address (if different): PO Box 59222, Birmingham, AL 35259
- 4. Date of incorporation/qualification: 10/11/2016 Document number: F16000004570
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.  
1200 South Pine Island Road  
Plantation, FL 33324

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

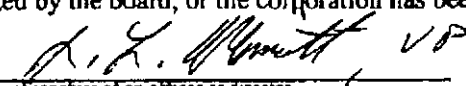
InCorp Services, Inc.  
17888 67th Court North  
Loxahatchee, FL 33470

P.O. Box NOT acceptable

2020 DEC -3 PM 3:05  
 FILED  
 STATE DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

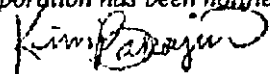
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 \_\_\_\_\_  
 Signature of an officer or director

James Leslie Marriott, Vice President  
 \_\_\_\_\_  
 Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
 \_\_\_\_\_  
 Signature of Registered Agent

December 3, 2020  
 \_\_\_\_\_  
 Date

If signing on behalf of an entity:

Kim Barajas on behalf of InCorp Services, Inc.  
 \_\_\_\_\_  
 Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314