

718 445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

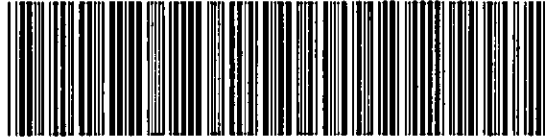
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2021 NOV - 1 AM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 3 2021  
S. PRATHER



PO Box 270956 ♦ Tampa, FL 33688-0956

PH: (813) 933-8111

Web Site: [www.galcomusa.com](http://www.galcomusa.com)

E-mail: [stacy@galcomusa.com](mailto:stacy@galcomusa.com)

October 28, 2021

Stacy Prather,  
Reg. Spec. III  
Florida Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Letter 021A00023215

Dear Stacy:

Attached please find the completed form referenced in your letter. Thank you for following up with us about it. I think I simply didn't finish filling it out. Things can get crazy when you move office.

I've completed the form to change Galcom's principal address as well as the address of the registered agent (which are the same). Please let me know in the event you require additional information.

Thanking you in advance.

Sincerely,

A handwritten signature in black ink that reads "Stacy S. Blackstone". The signature is fluid and cursive, with a long, sweeping underline.

Stacy S. Blackstone  
Secretary/Treasurer

RECEIVED  
2021 NOV - 1 PM 12:35  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Galcom International USA, Inc.

DOCUMENT NUMBER: 718445

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy S. Blackstone, Sec/Treas.  
(Name of Contact Person)

Galcom International USA, Inc.  
(Firm/ Company)

P. O. Box 270956  
(Address)

Tampa, FL 33688  
(City/ State and Zip Code)

stacy@galcomusa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Blackstone at 813 933 8111  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

Galcom International USA, Inc.

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

718445

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

25344 Wesley Chapel Blvd.

Lutz, FL 33559

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Unchanged

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Unchanged

(Florida street address)

New Registered Office Address:

25344 Wesley Chapel Blvd., Lutz

(City)

Florida 33559

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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[illegible]

- ☐ 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 10-28-21

Signature Stacy S Blackstone

(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)

Stacy S. Blackstone

(Typed or printed name of person signing)

Secretary/Treasurer

(Title of person signing)

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TALLAHASSEE, FLORIDA