## F04000007004

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
|                         |                   |             |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

| TO: Amendment Section 17 19 19 19 19 19 19 19 19 19 19 19 19 19                                       |
|---|
| SUBJECT: Thomas E Gallaway Colp Name of Corporation   |
| DOCUMENT NUMBER: F040000 7004   |
| 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:                             |
| Tāmmu Cooper<br>Name of Contact Person  |
| Thomas E Galkiway Corp Firm/Company   |
| 100 Spectrum Conter Drave Suite 700<br>Address  |
| IEVING CA 92618 City/State and Zip Code   |
| tammy. Cooper 6 technologent. com  E-mail address: (to be used for future abdual report notification) |
| For further information concerning this matter, please call:  |
| Tammy Coper at (949) 714-9500  Nama of Contact Person Area Code & Daytime Telephone Number            |
| Nam of Contact Person 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

CR2E045 (04/13)

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

| statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.  |
|--|
| 1. The name of the corporation: Thomas E. Gallaway Coep,   |
| 2. The principal office address: 100 Spectrum Conter Drive Suite 700  IPVINE CA 92018  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 12 13 2004 Document number: F040000 7004   |
| 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)   |
| Jeanine Treadway   |
| 900 Paso Ally  |
| Feuilland Park, FC 34731  6. The name and street address of the new registered agent (if changed) and /or registered office  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Tom Gallayay   |
| 3915 West Mile "   |
| P.O. Box NOT acceptable  |
| 1ampa, FL 33409  |
| 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 no other or director.  Signature of no other or director.  Signature of no other or director.   |
| 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 performanc 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. |
| The Signature of Registered Agent 7/9/20 Date  |
| If signing on behalf of an entity:   |
| Thomas Gallaway 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 CR2E045 (04/13)