Fax Server
Division of Corporations

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Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone : (850)521-1000

Fax Number :

: (850)553-1515

SECRETARY OF STATE

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

Email	Address:		

REGISTERED AGENT CHANGE GALBRAITH CAPITAL INVESTMENT MANAGEMENT CORP.

SEP 26 AM 8: 45
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Corporate Filing Menu

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TICED

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

	_	2, 617.0502, 607.1508, or 617.1508, Florida Stazute tion organized under the laws of the State of <u>Del</u> aw	•	
		or registered ugent, or both, in the State of Florida		
1.75	GALBRAITI	H CAPITAL INVESTMENT MANAGEMEN	VT CORP.	
1. The minutes!	asian address 100 Main St.	Suite 202, Safety Harbor, FL 34695		_
z. The principal	ornes address.		<u> </u>	
3. The mailing a	ddress (if different): 100 Main	St. Suite 202, Safety Harbor, FL 34695		_
4. Date of incorp	poration/qualification: 09/01/2	2010 Document number: F1000000395	8	
	street address of the current restricted to	gistered agent and registered office on file with the		
	Shannon, William		tesi	
	100 Main St. Suite 202		##C	
	Safety Harbor, FL 34695		AHA AHA	,
6. The name and (if changed):	Street address of the new regis	stered agent (if changed) and /or registered office	ARY OF	-
		Jany	S A	Ċ
	1201 Hays Street	Traceptable)		ē
	Tallahassee, FL 32301	, acquery		
The street address changed will		the street address of the business office of its regis	stered agent,	
		ly adopted by its board of directors or by an office as been notified in writing of the change.		
13 in 90		Bill Stromon CFO		
	ire of an officer or director)	(Prodest or typed name and title)		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of I am familiar with and acce, and filed merely to reflect a charter provided in writing of this connotified in writing of this connotified in writing of this	l uyent and agree to act in this capacity, of all statutes relative to the proper and complete of the obligation of my position as registered ager ange in the registered office address, I hereby con is change.	performance it. Or, if this firm that the	
Bur C	on Service Company	9-21-2011 (Deta)		
781	grature of Registered Agent)	(Dete)		
If signing on be	half of an entity:			
Sylvia Queppo	et, Asst. VP	_		
(1	(yped or Printed Name)	_ :		
	* * * FI	LING FEE: \$35.00 * * *		

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

CR2E045 (8/05)