## F37401

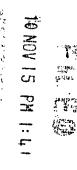
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	!
•		





700187074337

700187074337 10/26/10--01021--018 \*\*105.00



RAChang

11/15/10





## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2010

OLGA E. PARRA, ESQ. C/O GALAXY AVIATION 2255 GLADES ROAD, SUITE 321A BOCA RATON, FL 33431

SUBJECT: FLORIDA NORTHEASTERN DEVELOPMENT CORPORATION

Ref. Number: F37401

We have received your document and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

PLEASE HAVE MICHAEL FAREN, CFO TO SIGN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 510A00025614



## **COVER LETTER**

TO: Amendmen Division of	nt Section Corporations			
SUBJECT: Florida Northeastern Development Corporation  Name of Corporation				
DOCUMENT NUI	MBER:			
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:				
The second and the second seco				
-	Olga E. P Name of Co	arra, Esq ntact Person		
c/o Galaxy Corporate Offices				
	Firm/Co	mpany		
	2255 Glades Ro			
	Add	C35		
	Roca Raton F	Florida 33431		
Boca Raton, Florida 33431  City/State and Zip Code				
	oporro@golayy	aviation com		
	oparra@galaxy E-mail address: (to be used for fo	iture annual report notification)		
,				
For further information concerning this matter, please call:				
	Olga E. Parra	at ( 561 ) 417-9538  Area Code & Daytime Telephone Number		
Nan	ne 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St inge is submitted for a corporation organized under the laws of the State of $\overline{F}$	lorida		
	er to change its registered office or registered agent, or both, in the State of Flo			
	the corporation: Florida Northeastern Development Corporation	ation		
2. The principal	office address: 2255 Glades Road, Suite 321A			
Boca Rate	on, Florida 33431			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 06/09/1981 Document number:	F37401		
	I street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the		
	Richard Breslow			
	2255 Glades Road, Suite 321A	١,		
	Boca Raton, Florida 33431	₹ 3 3 ≥ ~va		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	J. O. C.		
	Olga E. Parra, Esq.	R		
	2255 Glades Road, Suite 321A			
	P.O. Box NOT acceptable			
	Boca Raton, Florida 33431			
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	registered agent,		
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.				
Signatu	Michael Faren, Chief Final	ncial Officer		
I hereby accept I further agree of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and compart of all am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.			
Sig	nature of Registered Agent Date			
If signing on be	half of an entity:			
T	OLGA E. PARRA  yped or Printed Name			

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