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	PICK-UP	☐ WAIT	MAIL
<u> </u>	(Bı	usiness Entity Na	nme)
	(De	ocument Number	)
Certified Cop	ies	Certificate	es of Status <u> </u>

Special Instructions to Filing Officer:

L. SELLERS

SEP 28 2010

**EXAMINER** 

Office Use Only



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SERVETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations					
	amboat - Hayden Holding LLC d Liability Company				
Name of Limited	u Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
,					
Olga E. Parra, Esq.					
Name of Person					
c/o Galaxy Aviation Corporate					
Firm/Company					
2255 Glades Road, Suite 321A					
Address					
Boca Raton, Florida 33431					
City/State and Zip Code					
oparra@galaxyaviation.net  E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notificati	on)				
For further information concerning this matter, ple	ase call:				
Olga E. Parra at (	561 ) 417-9538				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Galaxy Avia	tion of Steamboat-Hayden Holding
2. (a) Principal office address of limited liability company	: 2255 Glades Road, Suite 321 A
(Note: MUST BE STREET ADDRESS)	Boca Raton, Florida 33431
(b) Mailing address of limited liability company:	<del></del>
(Note: MAY BE POST OFFICE BOX)	2255 Glades Road, Suite 321A Boca Raton, Florida 33431
8/26/2008	L08000062638
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Richard Breslow
Registered Office Address:	2255 Glades Road, Suite 321A Boca Raton, Fl 33431
NEW Registered Agent:  NEW Registered Office Address:	Olga E. Parra, Esq 2255 Glades Road, Suite 321A
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Boca Raton, Fl 33431
	,FL
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member of authorized representative of a member  Michael Faren, Chief Financial Officer  Printed or typed name of signee  I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the product of the province of the obligations of my positive to the province of the province of the obligations of my positive to the province of the obligations of the province of t	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent