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(Requestor's Name)
(Address)
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TALLAHARRES EN SALE

AUG 1 4 2018 G. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Charge of Cur	rest registered ited Liability Company	! agent
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Mely Galan Name of Person		
Galan Entertain Firm/Company	nent	18 AU
578 Washington Sruti 816 Address	-Blod	6 13 PH
Soute 8 16 Marina del R City/State and Zip Code	ey, CA 90292	6: 34 FLORIDA
Malan a gala E-mail address: (to be used for future annual report	2 nept. cow	
For further information concerning this matter, please ca	.11:	
Nely Galah at (310 , 963 · 235/ Area Code & Daytime Telephone N	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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

Pursuant to the provisions of sections 605,0114 or 605,0116, 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.

I. Na	me of the limited liability company:
2. (a)	Nely Galan (b) Nely Galan
(u) .	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS) Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	5445 Collins Ave 378 Washington.
	Povilión 8 Suite 816, Maria
	Minni Beach, fl 212000051656
3.	Date of filing/registration in Florida 4. Document number
5. (a)	_ Jan 16, 2018
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	martin LAW PA
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	9240 S.W. 72 nd Street (Sunset Dr) #207
	Mioni .FI. 33/73
	<u> </u>
(b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	Mone Beach, Fla 33/40-2575
	45-
If the lin	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent w	nge or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we the artic	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in sles of organization or the operating agreement of the limited liability company.
1	ure of a member or authorized representative of a member Printed or typed mane of signee
Thereb provișie	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
ine obli io piere	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been
nonjica M)	writing of this change.
Signatur	e of Registered Agent

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