


2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

15 DEC 14 AM 11:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L14000092300		
1. Entity Name GALAXY TAX SERVICES LLC		

Principal Place of Business 1102 S ADAMS ST, STE. 4 TALLAHASSEE, FL 32301	Mailing Address 1102 S ADAMS ST, STE. 4 TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



12142015 REIN-LLC CR2E101 (12/11)

6. Name and Address of Current Registered Agent CELINE, GUERLANDE 1102 S ADAMS ST, STE. 4 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name <u>GUIVENSON CELINE</u> Street Address (P.O. Box Number is Not Acceptable) <u>1102 S. ADAMS ST STE 4</u> City <u>TALLAHASSEE</u> FL <u>32301</u>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 12-14-15

FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMBR CELINE, GUERLANDE 1102 S ADAMS ST, STE. 4 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMBR CELINE, GUIVENSON 1102 S. ADAMS ST. STE 4 TALLAHASSEE FL, 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100280030351 12/14/15--01003--006 **238.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE 12-14-15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS