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COVER LETTER

Division of Corporations		
GALA GROUP INVESTMENTS 2016 LL:	C	
Name of L	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
ANDREINA MERCIA		
Name of Person		
IJ/A .		
Firm/Company		
1145% Nw 79 Ln	2-74 	
Address		
Miami, Fl 33178		
City/State and Zip Code		
andreinamercia@gmail.com		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, pleas	e call:	
ANDREINA MERCIA at	305 4697890	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amou	unt:	
■ \$25 Filing Fee	☐ S55 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 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.

2. (a) (b) Mailing address of limited liability company: Mailing address of limited li	. Na	me of the limited liability company: GALA GROUP I	NVESTMENTS 2	2016 LLC
Principal office address of limited liability company: (Nate: MAY BE POST Office Multiple Post of State) 11458 Nw 79 Ln Miami, F1 33178 01/22/2016. L16000015300 3. Date of filing/registration in Florida 4. Document number CALAS, PERLA Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 14750 NW 77 CT Suite 300 MIAMI LAKES ,FL 33016 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: ANDREINA MERCIA NEW Registered Office Address: 11458 Nw 79 Ln Doral ,FL 33178 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confichange or changes are made, the Florida street address of the registered office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed than was/were authorized by an affirmative vote of the members of the limited liability company or as other the articles of operating agreement of the limited liability company or as other the articles of operating agreement of the limited liability company.				
Miami, F1 33178 01/22/2016. L16000015300 3. Date of filing/registration in Florida 4. Document number 5. (a) CALAS, PERLA Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 14750 NW 77 CT Suite 300 MIAMI LAKES ,FL 33016 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: ANDREINA MERCIA NEW Registered Office Address: 11458 Nw 79 Ln Doral ,FL 33178 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confichange or changes are made, the Florida street address of the registered office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed tha was/were authorized by an affirmative vote of the members of the limited liability company or as other the articles of organization or the operating agreement of the limited liability company or as other the articles of organization or the operating agreement of the limited liability company.	. , -	Principal office address of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
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MEAMILLAKES	. (11)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	f State:
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Signature of a mental or authorized representative of a member Printed or typed name of s	Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familiathe obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents reflect a change in the registered office address. I hereby confirm that the limited liability connotified in writing of this change. Signature of Registered Agent	rovisie he obli o mere otifica	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I lim writing of this change.	ree to act in this performance of d for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed that the limited liability company has been