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(Address)					
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09/28/17--01015--002 **25.00



COVER LETTER

Division of Corporations					
INTERGALACTIC ADVENT	TURES LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	nis matter to the following:				
NATALIA CANAS CABRERA					
Name of Person					
Matelia L					
Firm/Company					
2162 NW 158TH LANE					
Address					
PEMBROKE PINES FLORIDA 33028					
City/State and Zip Code					
intergalacticadventures1@gmail.com					
E-mail address: (to be used for future and	nual report notification)				
For further information concerning this matter	, please call:				
NATALIA CANAS CABRERA	at () 420-7977				
Name of Person	Area Code & Daytime Telephone Number				
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.

1. N	ame of the limited liability company: INTERGALAC	CTIC ADV	ENTURES LLC	
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	nited liability company:
	2162 NW 158TH LANE	2	62 NW 158TH LANE	
	PEMBROKE PINES, FLORIDA 33028	P	EMBROKE PINES, F	LORIDA 33028
	09/20/2017	L11	7000195498	
3.	Date of filing/registration in Florida	4.	Document numb	per
5. (a	NATALIA CANAS CABRERA			
), (a	Registered Agent and Registered Office shown on the records of	the Florida Dep	t. of State;	
	Registered Office Address (MUST BE FLORIDA STREET A	4DDRESS)		IZ:
	2162 NW 158TH LANE		:	SEP SEP
	PEMBROKE PINES . FL	33028		SEP 28 AHASSE
(b)	NATALIA CANAS CARRERA		- -	
,	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u> </u>	DATE
	2162 NW 158TH LANE PEMBROKE PINES	FLORIDA		*
	NEW Registered Office Address:			
	2162 NW 158TH LANE			
	PEMBROKE PINES .FL	33028		
the chagent was/was/wthe ar Sign I herovithe obtoome	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the Mattel. The authorized representative of a member are provided as a provided to the proper and complete or a provided and against the statutes relative to the proper and complete or a change in the registered agent as provided and in writing of this change. The authorized representative of a member and against the proper and complete or a change in the registered office address, I have a complete or a change in the registered office address, I have a complete or a change in the registered office address, I have a complete or a change in the registered office address, I have a complete or a change in the registered of the change i	the register ability comp of the limited liab	ed office and the busines any, it is hereby confirm liability company or as lity company. Printed or typed na	s office of the registered ed that the change(s) otherwise provided in me of signee