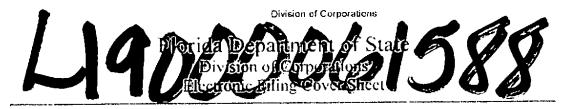
4/10/2019



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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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To:

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.

. Na	une of the limited liability company; Galileo Capital		LLC		
(a)		(b)	Mailing address of limited liability company:		
	Principal office address of limited liability company: (Nme: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)		
	10137 Mattraw Place		Golden Oak, FL 32836		
	Golden Oak, FL 32836				
	3/4/2019	L	.19000061588		
i.	Date of filing/registration in Florida	4.	Document number		
i. (a)	SUN, JONATHAN				
	Registered Agent and Registered Office shown on the records of	of the Florida I	Dept, of State:		
	Registered Office Address (MUST BE FLORIDA STREET)	(ADDRESS)			
	10137 MATTRAW PLACE		5		
	GOLDEN OAK, F		The state of the s		
21.3			· · · · · · · · · · · · · · · · · · ·		
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	1805 P D		
	C T Corporation System		2		
	NEW Registered Office Address:				
	1200 South Pine Island Road				
					
	Plantation, I	FL_33324			
he cha agent v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membersicles of organization or the operating agreement of the case of the members of the operating agreement of the case of the members of the operating agreement	of the regist liability cor s of the limi he limited li	npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.		
	onathan Sun	Jonat ———	Printed or typed name of signee		
I here provis the ob- to mer	nure of a member or authorized representative of a member they accept the appointment as registered agent and a from sof all statutes relative to the proper and comple ligations of my position as registered agent as provi- tely reflect a change in the registered office address, at in writing of this change.		in this capacity. I further agree to comply with thi ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being file infirm that the limited liability company has been		
	orporation System Michael	l E. Joues, Ass	st. Seev.		
Cit					

FILING FEE: \$25.00