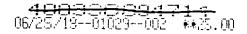
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(Rea	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

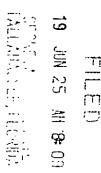
Office Use Only



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JUL 11 2019 S. YOUNG



## **COVER LETTER**

Division of Corporations	•			
GALAXY FLOORING LLC				
	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
ANGEL E HERNANDEZ				
Name of Person				
GALAXY FLOORING LLC				
Firm/Company	<del></del>			
1420 CELEBRATION BLVD SUITE 200				
Address				
CELEBRATION FL 34747				
City/State and Zip Code				
E-mall address: (to be used for future annual re	ail. Com eport notification)			
For further information concerning this matter, pleas	se call:			
ANGEL E HERNANDEZ	407 721-1655			
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			

## 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. 1	Name of the limited liability company: GALAXY FLO	OORING L	LC
2. (a	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	05/21/2019		9000136787
3.	Date of filing/registration in Florida	4.	Document number
5. (a	1) ANGEL E HERNANDEZ  Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUST BE FLORIDA STREET) 3131 HAMMOCK WALK RD #302	ADDRESS)	FILED BY 8 09
	KISSIMMEE	34746	5 🖺
(b	ANGEL E HERNANDEZ (OWNER)  Enter name of NEW Registered Agent and/or NEW Registered  1420 CELEBRATION BLVD	l Office addres	JEN 25 M PO
	NEW Registered Office Address:		
	SUITE 200		
	CELEBRATION, FL	34747	
the c agen was/ the a	limited liability company is not organized under the lathange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the member of authorized representative of a member	f the register iability comp of the limited limited liab	ed office and the business office of the registered cany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.  LEHERNANDEZ
I her provi the o to me notif	reby accept the appointment as registered agent and ages is ions of all statutes relative to the proper and complete bligations of my position as registered agent as provide prely reflect a change in the registered office address, I add in writing of this change.	ree to act in performanced for in Cha hereby confi	Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been