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(Requestor's Name)	_
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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Special Instructions to Filing Officer:	
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Office Use Only



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Recd 12.07.20

COVER LETTER

TO:	Registration Section Division of Corporations				
CHD IE	GALAXY 524 EXPORT LLC				
DU DO E		Name of Limited	Liability Company		
Dear Si	r or Madam;				
The en	closed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.		
Please	return all correspondence concernir	g this matter to the	e tollowing:		
ELIO J	NATERA				
	Name of Person		_ _		
GALA	XY 524 EXPORT LLC				
	Firm/Company				
7950 N	W 53rd Street, Suite 337				
	Address	<u>-</u>	_		
Miami,	FL 33166				
	City/State and Zip Co	de			
clionate	rall@gmail.com			20	
E	ification)) DEC			
For fur	her information concerning this ma	tter, please call:		C -7	- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15
ELIO 1	NATERA	305 at (390-8385	2	200
	Name of Person	at (Area Code & Daytime Telephone Number	9: 2	STAT
	Mailing Address:		Street Address:	က	- 02 20
	Registration Section		Registration Section		•
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	1,632	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	20 C	
	Enclosed is a check for the follow	ving amount:		· 	
	S25 Filing Fee	<u> </u>	555 Filing Fee & Certified Copy	7::01::2	
INHS18	(2/14)			. <u>-</u> /3	

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.

(a)	7950 NW 53rd Street (b) 79.		7950 NW 53rd Street
\ <i>y</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company (Nate: MAY BE POST OFFICE BOX)
	Suite 337	S	uite 337
	MIAMI, FL 33166	<u>N</u>	MIAMI, FL 33166
	10/24/2019	LI	9000267503
	Date of filing/registration in Florida	4.	Document number
(a)	ELIOJNATERA		
	Registered Agent and Registered Office shown on the records 10773 NW 58TH ST	of the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREE 490	T ADDRESS)	
	DORAL	L33178	
(b)	ELIO J NATERA		
` '	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre	55:
	7950 NW 53rd Street		
	NEW Registered Office Address:		

LLIO J NATERA Signature of a member or authorized itative 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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of the change.

notified in writing of this change.

Signature of Registered Agent