## 122000445352

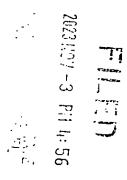
(R	equestor's Name)				
(A	ddress)				
(Address)					
(Ci	ity/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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A. BUTLER N.JV 27 2023

## **COVER LETTER**

TO: Amendment Section	•,
Division of Corporations	
CLYVILLO	
SUBJECT: GLXY, LLC Name of Corporation	
Name of Corporation	
DOCUMENT NUMBER: L22000445352	
The enclosed Statement of Change of Registered Office/Agen	at and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Cyrus Basseri	
Name of Contact Person	<del></del>
GLXY	
Firm/Company	
504 W Grand Central Ave	
Address	·· <del>·</del>
Tampa, Florida 33606	
City/State and Zip Code	<del></del>
cyrusbasseri@gmail.com	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
Cyrus Basseri at (	Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
	4 -

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60/.0502, 61 mge is submitted for a corporation c r to change its registered office or r	organized under the laws of th	e State of Florida
1. The name of t	he corporation: GLXY, LLC		·
	office address: 504 W Grand Central	Ave, #N722, Tampa, Florida 33	3606
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: January 1, 202	Document number	L22000445352
	I street address of the current registe tment of State: (If resigned, enter re		e on file with the
	Cyrus Basseri		
	19369 US HWY 19 N APT. 206 CLI	EARWATER, FL 33764	
6. The name and (if changed):	street address of the new registered	l agent (if changed) and /or reg	gistered office
	504 W Grand Central Ave, #N722, T	ampa, Florida 33606 O. Box NOT acceptable	Pii le 56
The street addre as changed will	ss of its registered office and the sbe identical.	treet address of the business of	office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly ad- e board, or the corporation has been	opted by its board of director en notified in writing of the cl	s or by an officer so hange.
Signatur	e of an officer or director	Cyrus Basseri, Owner	d name and title
I hereby accept of the second in the second	the appointment as registered ages o comply with the provisions of all of I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this cap I statutes relative to the prope e obligation of my position as in the registered office addre	
Sunt		10/03/2023	
/	nalf of an entity:	Da	ate
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

\* \* \* FILING FEE: \$35.00 \* \* \*