L24 000 217 384

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations			•	•		
SUBJ	ест: <u></u>	alactic A					
•		Name of Lin	nited Lia	ability Company			
Dear 9	Sir or Madam:						
The e	nclosed Registered Agent/Registered	l Office Chan	ge and t	ee(s) are submitted for filing.			
Please	return all correspondence concernir	ng this matter	to the fo	ollowing:			
	ELIZABETH TRA	2		_			
	Name of Person						
	GALACTIC AKAST	tA LLC		_	2021 J SECF		
	Firm/Company						
	114 STANWOODS	т		<u></u>	2021 JUL 11 AM 11: 54 SECRETARY OF STAT TALLATIA SSEE, FL		
	Address				四次 三		
	BUSTON, MA 02	121			기의 기의		
	City/State and Zip Co	de		_			
	E-mail address: (to be used for future	e GMAIL annual repo	. com_ rt notific	cation)			
For fu	rther information concerning this ma	atter, please c	all:	,			
	ELIZARETH TRAN Name of Person	at (617) 818 4163 Area Code & Daytime Telep	hone Number		
	Name of Person			Area Code & Daytime Telep	none rumoei		
	Mailing Address:			Street Address:			
Registration Section				Registration Section			
	Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
	Tallahassee, FL 32314			2415 N. Monroe Street, S. Tallahassee, FL 32303			
	Enclosed is a check for the follow	wing amoun1	t :				
□ \$25 Filing Fee			□ \$5	5 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.

i. Na	une of the limited liability company:	Galactic	Akasha		
2. (a)	3530 Almeda St.	(h)	114 Stanno	d 54.	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Jacksonville, FL 32209-360	1 _	Dorchester, A	MA 02121-272	
	5/09/2024		_24000217	384	
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Zen Business Inc. FL Registered Agent and Registered Office shown on the records of				
	Registered Office Address <u>MUST BE FLORIDA STREET</u> Suite 301	ADDRESS)	TATE ON		
	Tallahawee, FL 32301, FI		1		
(b)	Elizabeth Tran			, , , , , , , , , , , , , , , , , , ,	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	<u> </u>	CT.		
	3530 Almeda St.				
	NEW Registered Office Address:				
	Jacksonville, FL 322	<u> </u>			
	, FI				
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of the organization or the operating agreement of the	registered of ability compa of the limited	ffice and the business office iny, it is hereby confirmed to liability company or as oth	of the registered that the change(s)	
	ture of a member or authorized representative of a member		Elizabeth Tran Printed or typed name		
Signa	ture of a member or authorized representative of a member		Printed or typed name	of signee	
provisi the obl to mero notified	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I d in writing of this change.	ree to act in to performance d for in Chap hereby confir	his capacity. I further agre t of my duties, and I am fam ster 605, F.S. Or, if this do tm that the limited liability o	e to comply with the niliar with and accept cument is being filed company has been	
	re of Registered Agent				
Signatu	re of Registered Agent				