Requester's Name DUNCAN TOTAL Address POST OF CONTROL City/State/Zip Phone # FORT MY EVS CORPORATION NAME(S) & DOCUM		office Use Only nown):	
	m 110610		
1(Corporation Name)	(Document #)		٠.
(Corporation (varie)	(Document #)		
2	(Document #)		
(Corporation Name)	(Document #)		
3.		¥ĉ	SEP _
(Corporation Name)	(Document #)		FILED
4		— c. 	
4. (Corporation Name)	(Document #)	OR A	9: 2:
☐ Walk in ☐ Pick up time		Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	Certificate of Statu	s
— Wan out — Will wait			
NEW FILINGS	AMENDMENTS	100004542: -08/20/010 *****35.00	1114004 *** **35.80 -
☐ Profit	☐ Amendment	ಸಸಸಸ್ವವ್ಕ ∪∪	£.00
Not for Profit	Resignation of R.A.		45.00
Limited Liability Domestication	Change of Registere Dissolution/Withdra		
Other	Merger	<u>.</u> .	
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership	<u>.</u>	
	Reinstatement	•	
	☐ Trademark ☐ Other		
		Examiner's Initials	

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 24, 2001

BRIGITTE L. KENNEY DUNCAN & TARDIF, P.A. POST OFFICE BOX 249 FORT MYERS, FL 33902-0249

SUBJECT: GALAXY HOMES, LLC Ref. Number: M00000001696

We have received your document for GALAXY HOMES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent for a Limited Liability Company. The for submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 701A00048570

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	ed liability company is: Galax	y Home	s, L.L.C.	
2. The mailing address of	f the limited liability company is	: 1207	Cape Coral P	arkway
		Cape	Coral, FL 33	904
8/18/00		MOO	000001696	
3. Date of filing/registrati	on in Florida		ıment number	
5. The name of the registe Florida Department of S			as shown on the reco	ords of the
	C T Corporation Sys	tem	-	
	Name 1200 S. Pine Island Address	Road	· ·-	OI S
	Plantation, FL 3332 City, State and			SEP 13 CCRETARY
6. The name and address of	of the new registered agent and/o	r office:		
	Robert E. Tardif Jr	•	1	9: 24 STATE FLORID
	Name 1601 Jackson Street	, Suite	101	
	Florida street address (P.O. Bo	x NOT ac	cceptable)	
		3901		,
	City, State and Zi	ip		
commined that after the chand the business office of	pany is not organized under the lange or changes are made, the F the registered agent will be ident eby confirmed that the change(s) I liability company or as otherwif the limited liability company.	lorida stree	et address of the regis	stered office
Paul Iverson, Pr	resident			
(Printed or typed name of signee)		· · ·	_ 5	*
LY	ntment as registered agent and a s of all statutes relative to the pro l accept the obligations of my po is document is being filed to me that the limited liability company	gree to act oper and co sition as re rely reflect y has been	in this capacity. I fi omplete performance egistered agent as pr t a change in the regi notified in writing of	arther agree to of my duties, ovided for in istered office this change.
(Signature of Registered Agent)	.)		- \	·
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

INHS18(10/99)

FILING FEE: \$25.00