

M1500003256
Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6383

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Account Number : FCA000000023
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**LLC REGISTERED AGENT CHANGE
GALAXY RESTAURANTS CATERING GROUP OCEANA, LLC**

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J. HARRIS

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Place stamp here
Date of Submission 10/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Galaxy Restaurants Catering Group Oceana, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Fernandez

Name of Person

Parker Poe Adams & Bernstein, L.L.P.

Firm/Company

401 S Tryon St Ste 3000, Three Wells Fargo Center

Address

Charlotte, NC 28202

City/State and Zip Code

jhenecy@thsg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Fernandez

704

335-9053

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

INHS18 (2/14)



October 15, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GALAXY RESTAURANTS CATERING GROUP OCEANA, LLC
134 MARKET STREET
PHILADELPHIA, PA 19106

SUBJECT: GALAXY RESTAURANTS CATERING GROUP OCEANA, LLC
REF: M15000003256

FILED
2015 OCT 14 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H15000245813
Letter Number: 815A00021831

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NOT SUBMIT

7/26/2015 10:10:10 AM

Office of the Secretary of State

10/14

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. Name of the limited liability company: Galaxy Restaurants Catering Group Oceana, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
134 MARKET ST
PHILADELPHIA, PA 19106

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 04/28/2015 Date of filing/registration in Florida
4. M15000003256 Document number

5. (a) REGISTERED AGENT SOLUTIONS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

GALAXY RESTAURANTS CATERING GROUP, LLC
GALAXY GP, LLC, General Partner, by:
Signature of a member or authorized representative of a member

Michael Bailey, Manager
Printed or typed name of signer

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 this change.

C T Corporation System
By: Conita Bayan
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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