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(City/State/Zip/Phone #)					
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Office Use Only



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FEB 1 6 2017 S. YOUNG



CSC - WILMINGTON Suite 400 * (
2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: February 13, 2017

Order#: 503301-004

Re: GALBREATH LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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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. N	ame of the limited liability compa	any: GALBREATH	LLC				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Charlotte, NC	28211					
	04/28/2009		M1	7000000950			
3.	Date of filing/registrati	on in Florida	4.	Document number			
5. (a)	CORPORATE CREATIONS	NETWORK INC					
J. (u)	Registered Agent and Registered Office		f the Florida Dept.	of State:			
	11380 PROSPERITY FARMS	RD #221E					
	Registered Office Address (MUST		ADDRESS)				
	PALM BEACH GARDENS	, F	L 33410		SEGF FALLY 17 F		
					AEA AEA FEB		
(b)					ASSI ASSI		
	Enter name of <u>NEW Registered Agen</u>	t and/or NEW Registere	d Office address:		111 3		
					OF STATE E. FLORID AM II: 24		
	1201 Hays Street	_			: 2 : 2		
	NEW Registered Office Address:				4 06		
	Tallahassee	, F	L 32301				
the chagent was/w	limited liability company is not of ange or changes are made, the Flowill be identical. Or, in the case of authorized by an affirmative icles of organization or the opera	orida street address of of a Florida limited l vote of the members	of the registered liability compar of the limited l e limited liabili	office and the business officiny, it is hereby confirmed that iability company or as otherwity company.	e of the registered the change(s)		
Signs	nure of a member or authorized represen	tative of a member	Jili Cilmi,	Authorized Person Printed or typed name of si	gnee		
I here provis the ob to men novifie	hy accept the appointment as regions of all statutes relative to the ligations of my position as registed with the registed in writing of this charge.	istered agent and ag proper and complete ered agent as provid ered office address, i	e performance led for in Chapt I hereby confirm	is capacity. I further agree to of my duties, and I am familic er 605, F.S. Or, if this docun n that the limited liability con	o comply with the ar with and accept nent is being filed npany has been		
oizitati	ire of Registered Agent Corporation	\		E. Kirby, Assistant Vice Pr	content		
	DIVISION OF C	orporacions• r.O.	DUX UJZ/T IX	ilahassee, FL 32314			

FILING FEE: \$25.00