

N16000002628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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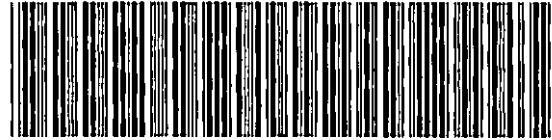
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JAN 19 2019

01/19/2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE JOHN GALANTI FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: N16000002628

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Mirrione

Name of Contact Person

Wolz Corporate USA

Firm/Company

36 S 18th Ave, Suite D

Address

Brighton, CO 80601

City/State and Zip Code

3. galanti@john-galanti.com

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

For further information concerning this matter, please call:

Michael Mirrione

Name of Contact Person

at (303) 655-9659

Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: THE JOHN GALANTI FOUNDATION, INC.

2. The principal office address: 4410 2ND AVE. HOLMES BEACH, FL 34217

3. The mailing address (if different): 4410 2ND AVE. HOLMES BEACH, FL 34217

4. Date of incorporation/qualification: 03/10/2016 Document number: N16000002628

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Universal Registered Agents, Inc.

3458 Lakeshore Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

John R. Galanti
Signature of an officer or director

John R. Galanti, President
Printed or typed name and title

*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 obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.*

[Signature]
Signature of Registered Agent

1/8/18
Date

If signing on behalf of an entity:

Michael Mirrione

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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