

N16 000000 4315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

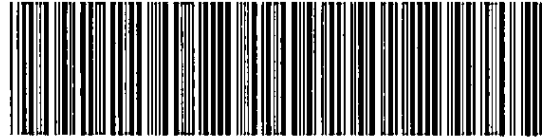
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

RA Change

JUN 21 2021

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gallica Society Inc.
Name of Corporation

DOCUMENT NUMBER: N 16 00000 4315

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:

Leza Tellam
Name of Contact Person

Gallica Society Inc.
Firm/Company

300 N. New York Ave NO. 874
Address

Winter Park FL 32789
City/State and Zip Code

leza@galliza society.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leza S. Tellam at (407) 288 2414
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Gallica Society Inc.
2. The principal office address: 7901 4th St N Ste 300
St Petersburg FL 33702
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4-27-16 Document number: N 16 000004315
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) Loza S. Tellam **+ merger record**
25 Stymie Place **pending**
Winter Park FL 32789
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): Registered Agents Inc.
7901 4th St N Ste 300
St Petersburg 33702
P.O. Box (DD) acceptable
ATTN: BILL HAURE

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Loza S. Tellam, CEO
Signature of an officer, director, or

Loza S. Tellam
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.

Bill Haure
Signature of Registered Agent

6/7/21
Date

If signing on behalf of an entity:

Bill Haure
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
CR2ED045 (04/13)