P01000049607

(Re	questor's Name)	
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COVER LETTER

SUBJECT:	Galaxy Jet Services, Inc.
	Name of Corporation
DOCUMENT NUMBER:	P01000049607
The enclosed Statement of Chang	ge of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	Olga E. Parra, Esq Name of Contact Person
	Name of Contact Person
	c/o Galaxy Corporate Offices
	Firm/Company
	0055 01 1 5 1 0 3 0044
 	2255 Glades Road, Suite 321A Address
	Boca Raton, Florida 33431 City/State and Zip Code
	City/State and Zip Code
	oparra@galaxyaviation.net
E-mail addre	ess: (to be used for future annual report notification)
For further information concerning	
OLGA E.	Person at (561) 417-953 Area Code & Daytime Telephone N
Name of Contact 1	Person Area Code & Daytime Telephone

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

in order to change its registered office or registered agent, or both, in the State of Florida.					
1. The name	of the corporation: Galax	ky Jet Service	es, Inc.		
2. The princi	pal office address: 2255 C	Slades Road Su	iite 321 A, Boca Rator	n, Fl 33431	
3. The mailin	ng address (if different):				
4. Date of in	corporation/qualification: _	5/17/2001	Document number:	P01000049607	
	and street address of the cuepartment of State: (If resign			file with the	
	Richard Breslow				
	2255 Glades Road	d, Suite 321A			
	Boca Raton, Fl 33	431		SEP SEP	
6. The name (if change	and street address of the ned):	w registered agent	(if changed) and /or register	Par B	
	Olga E. Parra, Esc	٦			
	2255 Glades Road	d, Suite 321A P.O. Box NOT a	ccentable	130 Th	
	Boca Raton, Fl 33				
The street ac	ddress of its registered offication	ce and the street ac	ddress of the business offic	ee of its registered ager	
Such change authorized b	e was authorized by resolut by the board, or the corpora	tion duly adopted lation has been noti	by its board of directors or fied in writing of the chang	by an officer so ge.	
Sig	nature of an officer or affector		Michael Faren, Chie	of Financial Officer	
I hereby acc I further agr of my duties document is corporation	eep the appointment as reg ree to comply with the prov , and I am familiar with an being filed merely to refle has been notified in writin	ristered agent and bisions of all statut ad accept the oblig ct a change in the eg of this change.	agree to act in this capaci es relative to the proper an ation of my position as reg registered office address, i	ty. ind complete performan istered agent. Or, if to thereby confirm that to	
	Signature of Registered Agent		Date		
If cianina or	n behalf of an entity:				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314