

PD40000075743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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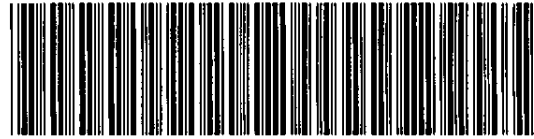
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2015 MAY -4 AM 10:44

RA/RO/CHS
@ 5/11/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gallery Network, Inc
Name of Corporation

DOCUMENT NUMBER: p04000025743

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:

Esther McFarland

Name of Contact Person

Firm/Company

405 8th Ave N

Address

St. Petersburg FL 33701

City/State and Zip Code

estherlouisemcfarland@gmail.com

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

For further information concerning this matter, please call:

Esther McFarland

Name of Contact Person

at (727) 4177119

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

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: Gallery Network, Inc
2. The principal office address: 9615 Berkshire Road
Naples FL 34109
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/04/04 Document number: p04000025743

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)

Richard Kraus, Resigned

9615 Berkshire ST

Naples, FL 34109

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

Esther McFarland

405 8th ave N

P.O. Box NOT acceptable

St. Petersburg FL 33701

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.

Richard Kraus
Signature of an officer or director

Richard Kraus

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.

Esther McFarland

Signature of Registered Agent

4/18/15

Date

If signing on behalf of an entity:

Esther McFarland

Typed or Printed Name

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

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SECRETARY OF CORP. REGISTRATION
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