## P06000003781

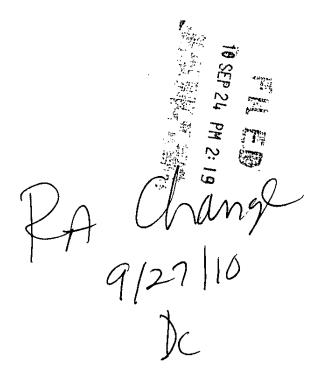
(Re	equestor's Name)		
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(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Galaxy Aviation Northeast Florida, Inc.  Name of Corporation				
	Na	ime of Corporation		
DOCUMENT NUM	ИВЕR:	P06000003781	<del></del>	
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:				
	Olo	aa E. Parra. Esg.		
_	Nam	ga E. Parra, Esq. ne of Contact Person		
	2/2	Onlawy Assiation		
<del>-</del>	C/O	Galaxy Aviation Firm/Company		
		Time Company		
	2255 Gla	ides Road, Suite 321A		
Address				
Boca Raton, Florida 33431 City/State and Zip Code				
City/State and Zip Code				
oparra@galaxyaviation.net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tot futurer informati	ion concerning this matter,	please can.		
	Olga E. Parra	at ( 561 ) Area Code & Daytii	417 9538	
Name	e of Contact Person	Area Code & Daytii	me Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Se	ction	

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## 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 St	
statement of change is submitted for a corporation organized under the laws of the State of F	
in order to change its registered office or registered agent, or both, in the State of Fl	orida.
1. The name of the corporation: Galaxy Aviation Northeast Florida, Inc.	
2. The principal office address: 2255 Glades Road, Suite 321A	
Boca Raton, Florida 33143	<del></del> *
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1/10/2006 Document number:	L63630
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	ı the
Richard H. Breslow	
2255 Glades Road, Suite 321A	<b>(K) 3</b>
Boca Raton, Florida 33431	A T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Olga E. Parra, Esq	· · · · · · · · · · · · · · · · · · ·
2255 Glades Road, Suite 321A	d de la constant de l
P.O. Box NOT acceptable	
Boca Raton, Florida 33431	
The street address of its registered office and the street address of the business office of its as changed will be identical	registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so
Signature of an officer or director  Michael Faren, Chief Fina Printed or typed name and titl	ncial Officer
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 comform duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	
Signature of Registered Agent September 1, 20	10
If signing on behalf of an entity:	
Typed or Printed Name	

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