

PO60000044831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

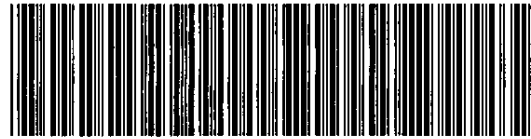
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 25 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TH 142511



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2011

NOEL RAMIREZ
GALAXY SERVICES INTERNATIONAL
12967 SW 219TH TERR
MIAMI, FL 33170

SUBJECT: GALAXY SERVICES INTERNATIONAL, INC.
Ref. Number: P06000044831

We have received your document for GALAXY SERVICES INTERNATIONAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 211A00000770

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GALAXY Services International, INC
Name of Corporation

DOCUMENT NUMBER: PO60000448831

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:

PAID
CK 5194
1/3/11

Noel Ramirez
Name of Contact Person

GALAXY Services International
Firm/Company

12967 SW 219th TRL
Address

MIAMI, FL 33170
City/State and Zip Code

GALAXYNAL@BellSouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noel Ramirez at 305 778-1035
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
JAN 25 AM 10:08
CLERK OF STATE
TALLAHASSEE, FLORIDA
CR2E045 (8/05)

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GALAXY SERVICES INTERNATIONAL, INC.
2. The principal office address: 11919 SW 130th ST STE 200
MIAMI, FL 33186
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/29/06 Document number: PD6000044831

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)

Marcial L. Palencia Jr.
8826 S.W. 72 St
Miami, FL 33173

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

Noel Ramirez
12967 SW 219th Ter
Miami, FL 33170

P.O. Box NOT acceptable

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.

Noel Ramirez
Signature of an officer or director

Noel Ramirez 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.

Noel Ramirez
Signature of Registered Agent

1/21/11
Date

If signing on behalf of an entity:

Noel Ramirez
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 (8/05)

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