PD6000153843

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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 03/15/2022

D	ate:	03/15/2022	00072 W: SW
		Acc#I20160000	00072
Name:	GALLEY	INC.	
Document #:			
Order #:	14217128		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
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Thank you!

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: GALLEY INC. Name of Corporation	
DOCUMENT NUMBER: P06000153843	
The enclosed Statement of Change of Registered C	office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Alice Spritzer	
Name of Contact Person	
GALLEY INC.	
Firm/Company	
50 S. US HIGHWAY ONE	
Address	
JUPITER, FL 33477	
City/State and Zip Code	
alice@galleyline.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, plea	ase call:
Alice Spritzer	at (561) 748-5210
Name of Contact Person	at (561) 748-5210 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	epartment of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

state	suant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ement 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. Ţ	he name of the corporation: GALLEY INC.	
	he principal office address: 750 Ocean Royale Way Juno Beach, FL 33408	
3. Ti	ne mailing address (if different): 3900 East Indiantown Road Suite 607-245 JUPITER, FL 33477	
4. D	ate of incorporation/qualification: 12/14/2006 Document number: P06000153843	
5, T	ne name and street address of the current registered agent and registered office on file with the orida Department of State: (If resigned, enter resigned) Leon, David F.	
	Leon, David F.	1
	390 NORTH ORANGE AVENUE SUITE 1400	تنکن انگرین ا
	ORLANDO, FL 32801	T
6. Th (if	e name and street address of the new registered agent (if changed) and /or registered office changed):	•
	C T Corporation System	
4.	1200 South Pine Island Road	
	P.O. Box NOT acceptable	
	Plantation, Florida 33324	
The s	treet address of its registered office and the street address of the business office of its registered agent, anged will be identical.	
Such autho	change was authorized by resolution duly adopted by its board of directors or by an officer so rized by the board, or the comporation has been notified in writing of the change.	
	Signature of an officer or director ACICE SPRITZET	2
I here I furth of my docum	by accept the appointment as registered agent and agree to act in this capacity. The agree to comply with the provisions of all statutes relative to the proper and complete performance duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this neat is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation System.)
CTC	A	
	Signature of Registered Agent Date	
If sign	ing on behalf of an entity:	
	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	
dr CR2E0	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

By: