

P09000022449

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AUG  
2010

2010/8/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GALAXY GPS SYSTEMS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P09000022449

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:

BRAD SCHOENWALD  
Name of Contact Person

GALAXY GPS SYSTEMS, INC.  
Firm/Company

550 SW 60TH AVE  
Address

PLANTATION, FL 33317  
City/State and Zip Code

bcschoe@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRAD SCHOENWALD at ( 954 ) 560-9080  
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2010 AUG 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 16, 2010

BRAD SCHOENWALD  
550 SW 60 AVE  
PLANTATION, FL 33317

SUBJECT: GALAXY GPS SYSTEMS INC  
Ref. Number: P09000022449

We have received your document for GALAXY GPS SYSTEMS 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 410A00019571

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.

- Signature of an officer or director

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.*

Signature of Registered Agent

Date \_\_\_\_\_

Typed or Printed Name

CR2E045 (8/05)