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DIVISION OF CORPORATIONS
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T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Galuppis on the Green, Inc. Name of Corporation			
DOCUMENT NUMBER: P100000 82511			
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:			
Grant Galeppi Name of Contact Person			
Galuppis Firm/Company			
Firm/Company			
330 SE 10th ST			
Address			
Pomparo Beach FL 33060 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
E-mail address. (to be used for future attitude report notification)			
For further information concerning this matter, please call:			
Grant / Port Galupi at (561) 305-4726 Name of Contact Person Area Code & Daytime Telephone Number			
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 Street Address: Amendment Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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: Galuppi's on the Green, Incr
2. The principal office address: 1103 N Federal Huy Pompan Beach 1 33062
3. The mailing address (if different): 330 SE 10th ST Pompan Boach FC Pleuse charge to a 330
4. Date of incorporation/qualification: 10/07/10 Document number: P100000 825 11
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)
Grant P Galappi
1103 11 Federal Huy &
6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
· Λ · Θ
P.O. Box NOT acceptable
Pompara Deach FC 33060
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.
Signature of an officer or director Printed or typed name and fille
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
If signing on behalf of an entity:
Grant P Galippi
Typed or Printed Name

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