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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Newark Gakury TRavel Services Inc, |
| DOCUMENT NUMBER: P // 0 00 8635/ |
| 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: |
| Christina Malanace Name of Contact Person Galeway Travel |
| (F)rm/Company |
| 8511 Kings Rail Way |
| Tampa IZ 33647 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Chnistina Malaria at (973) 632 1478 Name of Contact Person at (973) 632 1478 Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |

Division of Corporations P.O. Box 6327

Mailing Address:
Amendment Section

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

| | o the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this of change is submitted for a corporation organized under the laws of the State of |
|---|--|
| | order to change its registered office or registered agent, or both, in the State of Florida. |
| | e of the corporation: Newak Giteway Truk Senvices 710 |
| 2. The prine | cipal office address: 101 53 Rd SF NW |
| | ladenton FL 34209-2655 |
| 3. The mail | ling address (if different): |
| 4. Date of i | ncorporation/qualification: Oct. 3,20// Document number: P//00008635/ |
| 5. The nam | e and street address of the current registered agent and registered office on file with the Department of State: (If resigned, enter resigned) |
| | Christina Malanga / Newark Cakeny Travel & |
| | 10153nd St NW |
| | Bradenton FL 34209 |
| 6. The nam (if chang | te and street address of the new registered agent (if changed) and /or registered office |
| ristin-N | laborate and freeze of reviews for |
| , | 8511 Kings Pail Way |
| | P.O. Box NOT acceptable |
| | Tamon FL, 33647 |
| The street as changed | address of its registered office and the street address of the business office of its registered agent, will be identical. |
| | ge was authorized by resolution duly adopted by its board of directors or by an officer so by the board, or the corporation has been notified in writing of the change. |
| Ch | ignature of an officer or director Christina Malanca Printed or typed name and title |
| I hereby ac I further a performan agent. Or, hereby con | ccept the appointment as registered agent and agree to act in this capacity. gree to comply with the provisions of all statutes relative to the proper and complete ce of my duties, and I am familiar with and accept the obligation of my position as registered if this document is being filed merely to reflect a change in the registered office address, I thim that the corporation has been notified in writing of this change. |
| <u>Ch</u> | Signature of Registered Agent 6/8/16 Date |
| If signing a | on behalf of an entity: |
| | ustina Malane |

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

Typed or Printed Name