P13000020038

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(Business Entity Name)				
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P3K 18/13

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGI...

http://form.sunbiz.org/pdf/cr2e045.pdf

COVER LETTER

Amendment Section TO: **Division of Corporations**

SUBJECT:	GALAS A	AIRLINES	CARGO	INC.
	Name of Corporation			
DOCUMENT	NIMBER	P13000	020038	,

DOCUMENT NUMBER:

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:

CESAR PARRA				
Name of Contact Person				
GALAS AIRLINES CARGO INC.				
Firm/Company				
10640 NW 27 TH ST				
Address				
DORAL FL 33172				
City/State and Zip Code				
CESARPARRAG @ GMAIL. COM				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

CESAR PARRA	at (786) 3648683
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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGI ...

http://form.sunbiz.org/pdf/cr2e045.pdf

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 <u>FLORIDA</u> in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: <u>GALAS AIRLINES CARGO INC</u>. 2. The principal office address: <u>IO640 NW 27TH ST DORAL FL 33172</u>

3. The mailing address (if different):

- 4. Date of incorporation/qualification: 03/04/13 Document number: P13000020038
- 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)

	Cesar, A. Parra Sr.		
	19380 Collins Ave, Apt 112	2813 SE3	
	Sunny Isles Beach, FL 331	GO R	-11
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of	-2 PH	ILED
	10640 NW ZATH ST	STAT	
	DORAL FL 33172	DA N	>
	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 doard, or the corporation has been notified in writing of the change.

Ostana CESAR PARRA PRESIDENT Signature of an offic Printed or typed name and tit 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 duites, and 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. 03 Signature of Registered Agent If signing on behalf of an entity: CESAR YARRA

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 (03/12)