

PI4000060677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

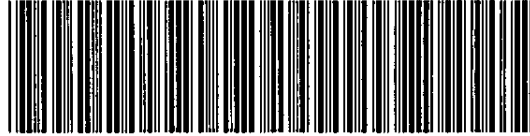
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2015
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JUL 30 2015

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GALAXY AIR CONDITIONING INC

Name of Corporation

DOCUMENT NUMBER: P14000060677

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:

HENRY HARRIS

Name of Contact Person

GALAXY AIR CONDITIONING INC

Firm/Company

912 SW JEREMKO AVE

Address

PORT ST LUCIE, FL 34953

City/State and Zip Code

HHARRIS08@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY HARRIS

Name of Contact Person

at (772) 905-7062

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

20685 00614, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2015

Henry Harris
Galaxy Air Conditioning Inc
912 SW Jeremko Ave.
Port St. Lucie, FL 34953

SUBJECT: GALAXY AIR CONDITIONING INC.
Ref. Number: P14000060677

We have received your document for GALAXY AIR CONDITIONING INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 915A00013062

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15 JUL 27 PM 4:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GALAXY AIR CONDITIONING INC
2. The principal office address: 912 SW JEREMKO, PORT ST LUCIE, FL 34953
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/17/2014 Document number: P14000060677
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)

DAVIS TAXES INC

1000 E ATLANTIC BLVD 202

POMPANO BEACH, FL 33060

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Koplaf & Company, -CEA -

4285 SW Martin Hwy


P.O. Box NOT acceptable

-Palm City, FL 34990

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

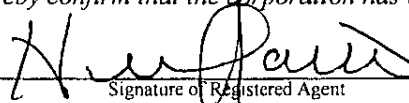
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

HENRY HARRIS

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

6-16-15
Date

If signing on behalf of an entity:

HENRY HARRIS

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)