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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations %

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION	: GALAXY	MOTORS INC	
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·		<u> </u>
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.	
Please return all correspondenc	e concerning this ma	tter to the following:	
	-		
		Name of Contact Person	<u>44</u>
	CNIANY	MATTINES THE	•
<u></u>	CHCHKY	Firm/ Company	
3010	PHILLIPS	Firm/ Company ST Address	
	1.4.	Address	
<i>m</i>	ELBOUTHE	FL 32901 City/ State and Zip Code	
		City/ State and Zip Code	e
E-n For further information concern	·	LANDSCAPING. Comes sed for future annual report se call:	notification)
JoEV SEG	RA	_at(_321_	de & Daytime Telephone Number
Name of Contac	t Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	owing amount made	payable to the Florida Depa	ertment of State:
	43.75 Filing Fee & certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment (Division of C P.O. Box 632	Section orporations	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17	FEB	13	11.	9:	53
	•				

(Name of	Corporation a	as currently filed with the Florida Dept. of State)
GALAXV	MOTORS	TUC
	(Document	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Sta	Statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name	ne of the corpo	poration;
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designativord "chartered," "professional association	tion "Corp," "	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3010 PHILLIPS ST
		MECBORNE FL 32901
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of		MELBORNE FL 32901
). If amending the registered agent and new registered agent and/or the new Name of New Registered Agent		d office address in Florida, enter the name of the ffice address:
-		(Florida street address)
New Registered Office Address: 3	SOIO PHIL	CLULPS ST MECKARNE Florida 32901 (City) (Zip Code)
lew Registered Agent's Signature, if cha hereby accept the appointment as register		tered Agent: am familiar with and accept the obligations of the position.
, , , , ,	G	, gy p
	Signature	ure of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	$\sqrt{}$	CHRISTOPHER GILSON	904 WAVECREST #83
Add			INDIATION TEC. FL 32903
X Remove	•		
2) Change	···		
AAA			
Remove	• •	· · · · · ·	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
·····	
	
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rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment(s) adoption: _ late this document was signed.	JUNE 15	T 2016	, if other than the
~			• .
Effective date <u>if applicable</u> :	(no more than 90	days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department of		able statutory filing require	ements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The rapproval.	number of votes east for th	e amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each voting			
"The number of votes cast for the am	endment(s) was/were	sufficient for approval	
by	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.			and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators witho	out shareholder action and s	shareholder
Dated 1-10-17			
selected, by an inc		er – if directors or officers hands of a receiver, trustee	
	Joèy	SEGURA	····
	(Typed or printed na	ame of person signing)	
	Presido	nt	
	(Title of	f person signing)	.