

P/600000/4022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

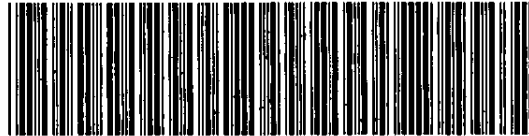
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GALOI INVESTMENTS, INC
Name of Corporation

DOCUMENT NUMBER: P16000014022

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:

WILFRID GARCON

Name of Contact Person

GALOI INVESTMENT, INC.

Firm/Company

12250 NW 20 AVE

Address

MIAMI, FL 33167

City/State and Zip Code

GKAMYLE@YAHOO.COM

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

For further information concerning this matter, please call:

WILFRID GARCON

Name of Contact Person

at (305) 409-1859

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 25 11 30 C

**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: GALOI INVESTMENTS, INC.
2. The principal office address: 9539 WELDON CIRCLE APT 114
TAMARAC, FL 33321
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/11/2016 Document number: P16000014022

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)

LEOPOLD EVARISTE

1955 NE 135 ST APT 207

NORTH MIAMI, FL 33181

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

WILFRID GARCON

12250 NW 20 AVE

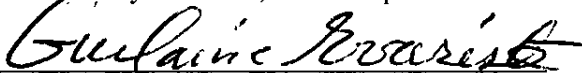
P.O. Box NOT acceptable

MIAMI, FL 33167

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DIVISION OF CORPORATIONS
16 FEB 25 11:00

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

GUILAINE EVARISTE

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

FEBRUARY 17, 2016

Date

If signing on behalf of an entity:

GALOI INVESTMENTS, INC.

Typed or Printed Name

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