P22000005215

(Requestor's	Name)
(Address)	
(Address)	
(/ tudicss)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
,	,
(Denominate No.	
(Document Nu	imber)
Certified Copies Cert	ficates of Status
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Office Use Only



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COVER LETTER

CR2E045 (04/13)

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Office/Agent and fee are submitted for filing.
natter to the following:
report notification)
ease call:
at (<u>800</u>) <u>706-4741</u> Area Code & Daytime Telephone Number
Department of State.
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	e is submitted for a corporation of	7.0502, 607.1508, or 617.1508. Florida Statutes, this rganized under the laws of the State of Florida	
		egistered agent, or both, in the State of Florida.	
	corporation: GALEZ GROUP		
2. The principal off	ice address: 3225 McLeod E	or, Suite 100, Las Vegas NV 89121	
3. The mailing addr	ress (if different):		
4. Date of incorpora	ntion/qualification:01/11/202	Document number: <u>P22000005215</u>	
5. The name and str		red agent and registered office on file with the	
	GALEZ, ARGENIS	~	
_1.	853 SW 23RD ST	2022 OCT 17	: =1,3=1 []
ſ	. ИІАМІ, FL 33145		158.2.4 15.5.4
-		agent (if changed) and /or registered office.	ال آل السيد
	Anderson Registered Ager	nts, Inc.	-
1	625 E. Twiggs Street, Suite	e 110 O. Box NOT acceptable	
_	Tampa, FL 33602		
The street address as changed will be	of its registered office and the si	rect address of the business office of its registered a	agent,
	Digitally signed by ARGESRS GALEZ	opted by its board of directors or by an officer so in notified in writing of the change.	
ARGENIS GALI	DN co+ARGENIS GALEZ, o ou, imaliza@andersonadvisors.com,c=US Date 2022 10 10 10:22 50 -07007	ARGENIS GALEZ, President	
I hereby accept the I further agree to c of my duties, and I document is being corporation has be	ompty with the provisions of all amfamiliar with and accept the filed merely to reflect a change en notified in writing of this challed the Al Mathy.	Printed or typed name and title at and agree to act in this capacity. statutes relative to the proper and complete perfor, statutes relative to the performance of the performance performanc	mance if this at the
A. T. Matl	Date 2022 08 09 10 10 57 06 00	10-10-2022	
If signing on behal	f of an entity:	Date	
A. T.	 Mathis, President		
	or Printed Name		
	* * * FILING	G FEE: \$35.00 * * *	
Mail	MAKE CHECKS PAYABLE TO DIVISION OF CORPORATION	FLORIDA DEPARTMENT OF STATE IS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

CR2E045 (04/13)