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Profit NonProfit Limited Liability Domestication Other -OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement	Pulling	(TALLAHASSEE, FLORIDA		Q



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 13, 1998

Allan Katz, P.A. 2919 E. Commercial Blvd. Ft. Lauderdale, FL 33308

SUBJECT: GALAXIES UNLIMITED MANAGEMENT CORP.

Ref. Number: P93000044780

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

lf you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson Corporate Specialist Supervisor

Letter Number: 998A00037279

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Galaxies Unli	
1b. The mailing address of the corporation is:	
I	Deerfield Beach, FL 33442
1c. Date of incorporation: 6/24/93 Docu	ment number: <u>P93000044780</u>
2. The name and address of the current registered age	
Capital Connection, Inc.	98 SE SE
417 <u>E. Virginia St. Suite 1</u>	### 도
Tāllahassee, FL 32301	- FT-
3. The name and address of the new registered agent an Allan Katz, P.A. 2919 F. Commercial Blvd.	d office:(P.O. Box Not Acceptable)
Fort Lauderdale, FL 33308	
The street address of its registered office and the stre registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted so authorized by the board.	by its board of directors or by an office
(Signature of an officer, chairman or vice chairman of the board)	6/30/98
Mirella Connor, V.P. (Printed or typed name and tide) Having been named as registered agent and to accept corporation, I hereby accept the appointmentas registere I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and registered agent. (Signature of Registered Agent)	
If signing on behalf of an entity:	,
(Typed or Printed Name)	(Capacity)
Division of Corporations, P.O. Box 6327	Tellahasson Fl 32314