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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Galt Industries, Inc.				
Name of Corporation				
DOCUMENT NUMBER:				
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:				
Roy Geilen				
Name of Contact Person				
Galt Industries, Inc.				
Firm/Company				
3900A 31st Street North				
Address				
St. Petresburg, FL 33714				
City/State and Zip Code				
rjgeilen@hotmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Roy Geilen at (727) 631-5979  Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				

Street Address: Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617 nge is submitted for a corporation o r to change its registered office or re	rganized under the laws of th	e State of Florida
1. The name of t	the corporation: Galt Industries	, Inc.	
2. The principal	office address: 3900A 31st Str	eet North	
	ddress (if different):		
4. Date of incorp	poration/qualification:	Document number	·
	street address of the current register truent of State: (If resigned, enter res		e on file with the
	Alyn Towne		
	138 107th Avenue Suite 3	334	ZAS ZES
	Treasure Island, FL 33706	3	200 m
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or rep	TALLANDY 21 PH
	Roy Geilen		3: 1 STAT LOR
	3900A 31st Street North		Dr. 5
	St. Petersburg, FL 33714	NOT acceptable	
The street addre	ess of its registered office and the st be identical.	reet address of the business of	office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors n notified in writing of the cl	s or by an officer so nange.
		ler o	T- Con Cu.
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered agen the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi	nt and agree to act in this cap statutes relative to the prope nd accept the obligation of a reflect a change in the regis ted in writing of this change.	pacity. er and complete ny position as registered dered office address, I
/Sig	fature of Registered Agent		5/13
If signing on be	half of an entity:		
Roy Geilen			
	/ped or Printed Name		

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

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