

P97000021530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

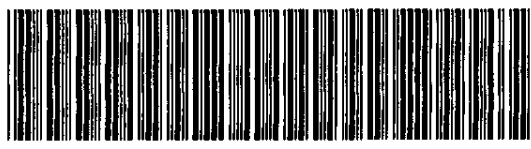
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.
JBrown 11-21-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gallat Enterprises
Name of Corporation

DOCUMENT NUMBER: P97000021530

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:

MICHAEL GALLAT
Name of Contact Person

GALLAT ENTERPRISES, INC.
Firm/Company

20333 NW 55TH CT., LOT 793
Address

MIAMI GARDENS, FL 33055
City/State and Zip Code

janinegel@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL GALLAT at (305) 316-6705
Name of Contact Person 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

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: GALLAT ENTERPRISES, INC.
2. The principal office address: 20333 NW 55TH CT., LOT 793, MIAMI GARDENS, FL. 33055
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/04/1997 Document number: P97000021530
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)

RESIGNED

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

MICHAEL GALLAT

20333 NW 55TH CT., LOT 793

P.O. Box NOT acceptable

MIAMI GARDENS, FL. 33055

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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.

Michael Gallat III
Signature of an officer or director

Michael Gallat, president
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.

Michael Gallat III
Signature of Registered Agent

11/8/2011
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314