P97000105695

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COVER LETTER

TO: Amendment : Division of C	Section Corporations
SUBJECT:	Galaxy Acquisition Corporation Name of Corporation
	Name of Corporation
DOCUMENT NUM	BER:P97000105695
he enclosed Stateme	ent of Change of Registered Office/Agent and fee are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
_	Olga E. Parra, Esq Name of Contact Person
	Name of Contact reison
	c/o Galaxy Corporate Offices
	Firm/Company
_	2255 Glades Road, Suite 321A Address
_	Boca Raton, Florida 33431 City/State and Zip Code
Ē.	oparra@galaxyaviation.net -mail address: (to be used for future annual report notification)
	on concerning this matter, please call: 19a E. Parka at (SU) 417 95 38
Name	of Contact Person at (

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

statement of cha	nge is submitted for a cor	poration organized	07.1508, or 617.1508, Flo under the laws of the Stat agent, or both, in the Stat	e of Florida
1. The name of	the corporation: Galaxy	Acquisition (-	
3. The mailing a	ddress (if different):			
4. Date of incor	poration/qualification:	12/15/1997	_ Document number:	P97000105695
	I street address of the curretment of State: (If resigne		and registered office on f	ile with the
	Richard Breslow			
	2255 Glades Road,	Suite 321A		
	Boca Raton, FI 334			SEP 2
6. The name and (if changed):	d street address of the new	registered agent (if	changed) and /or register	ZK.
	Olga E. Parra, Esq.			2: W
	2255 Glades Road,			i ga ililii http://www.
	Boca Raton, FI 334	P.O. Box NOT acco		
The street address changed will	ess of its registered office be identical.	and the street add	ress of the business office	e of its registered agent,
	/ 1	***	its board of directors or ed in writing of the chang	
Signage	fe of an officer or director		Michael Faren, Chie	f Financial Officer
		stered agent and a sions of all statutes accept the obligat a change in the re of this change.	gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
			9/1/	10
_	nature of Registered Agent		Date*	
	yped or Printed Name			

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