Florida Department of State

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REGISTERED AGENT CHANGE

GALAXY TELECOMMUNICATIONS CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
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Secretary of State

October 15, 1999

GALAXY TELECOMMUNICATIONS CORPORATION 1421 COURT STREET #B CLEARWATER, FL 34616US

SUBJECT: GALAXY TELECOMMUNICATIONS CORPORATION

REF: P98000006970

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Darlene Connell Corporate Specialist FAX Aud. #: H99800026029 Letter Number: 299A00049874

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 Status	tes,
the undersigned corporation organized under the laws of the State ofFlorida Status submits the following statement in order to change its registered office or registered agent, or both, the State of Florida.	în.
1. The name of the corporation is: Galaxy Telecommunications Corporation	
2. The mailing address of the corporation is: 1421 Court Street. #B Clearwater, FL 34616	
3. Date of incorporation/qualification: January 22, 1998 ocument number: P980000069	
4. The name and address of the current registered agent and office:	<u> 70 </u>
Thomas G. Hersen	
1421 Court Street #B	
Clearwater, FL 34616	******
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
Idn F. Truin	Ē
222 Second Street, North	-
St. Petersburg, FL 33701	•
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.	
(Signature of an officer, chairman or vice chairman of the board)	
Ian F. Irwin, Secretary	•
(Printed or typed name and ritle)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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 duffes, and I of familiar with and accept the obligation of my position as	
(Signature of Registered Agent)	
If signing on behalf of an entity:	***
(Typed or Printed Name)	
(Capacity)	
* * * FILING FEE: \$35.00 * * *	
CR2E045(7/97)	
DIVISION OF CORPORATIONS P.O. BOX 6327 TAILAMASCED FT 2021 4	

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