

Division of Corporations Public Access System Katherine Harris, Secretary of State

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(((H00000059058 8)))

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Division of Corporations

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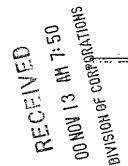
Account Number : 076376001555

(561)483-7000

Phone

Fax Number

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REGISTERED AGENT CHANGE

GALAXY PRODUCTS, INC.

AND THE PROPERTY OF THE PR	· ATTICITED AND A STATE OF THE
Certificate of Status	0 /
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Page Count	02
Estimated Charge	\$35.00

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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 Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation is: GALAXY PRODUCTS, INC.
- 2. The mailing address of the corporation is: 7772 Northwest 55th Place, Coral Springs, Florida 33067.
- 3. Date of incorporation/qualification: 02/18/99 Document number: P99000015895
- 4. The name and address of the current registered agent and office:

Kenneth Edelman 7777 Glades Road, Suite 300 Boca Raton, Florida 33434

5. The name and address of the new registered agent and office:

Bruce Pagano 8010 NW 47th Street Coral Springs, FL 33437

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 as officer, chairman or vice chairman of the board)

Bruce Pagano, Secretary

(Printed or typed name and title)

(Date)

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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 duties, and I am familiar with and accept the obligation of my position as registered agent.

		rilelor
(Signature of Registered Agent)		(Date)
If signing on behalf of an entity:	•	
•		
(Typed or Printed Name)		(Capacity)