

S 84992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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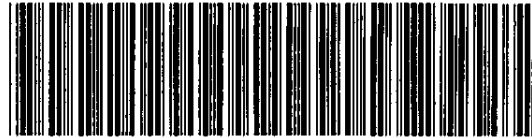
(Business Entity Name)

(Document Number)

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S. TALLENT  
OCT 11 2016

FILED  
16 OCT -7 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2016

JOHN K. CAPONEY  
GALAXY INVESTIGATIVE AGENCY, INC  
6919 W. BROWARD BLVD., #258  
PLANTATION, FL 33317

SUBJECT: GALAXY INVESTIGATIVE AGENCY INC.  
Ref. Number: S84992

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 016A00020144

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Galaxy Investigative Agency, Inc  
Name of Corporation

**DOCUMENT NUMBER:** S84992

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:

John K. Caponey

Name of Contact Person

Galaxy Investigative Agency, Inc

Firm/Company

6919 W. Broward Blvd., #258

Address

Plantation, FL 33317

City/State and Zip Code

J1Galaxy@aol.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John K. Caponey

Name of Contact Person

at ( 954 ) 240-1277

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: GALAXY INVESTIGATIVE AGENCY, INC  
2. The principal office address: 6919 W. BROWARD BLVD, #258  
PLANTATION, FL 33317  
3. The mailing address (if different): SAME  
4. Date of incorporation/qualification: 10/4/1991 Document number: S84992

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)

JOHN K. CAPONEV  
87 N.E. 44 STREET, #2  
OAKLAND PARK, FL 33334

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

6919 W. BROWARD BLVD, #258  
P.O. Box NOT acceptable  
PLANTATION, FL 33317

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.

JOHN K CAPONEV JOHN K CAPONEV PLV/SIT  
Signature of an officer or director 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.*

John K Caponev 9/10/16  
Signature of Registered Agent Date

If signing on behalf of an entity:

JOHN K CAPONEV  
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

CR2E045 (03/12)

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TALLAHASSEE, FLORIDA