(Re	questor's Name)	
(Ad	dress)	
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	•	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only

G. MCLEOD

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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations	
	ERTY & INVESTMENTS LLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
STEPHANE MALTAIS	
Name of Person	
CASTLE PROPERTY & INVESTMENT	TS LLC
Firm/Company	
7060 LONG LEAF DR Address	
PARKLAND, FL 33076	
City/State and Zip Code	
stephane.maltais@gmail.com E-mail address: (to be used for future annual report notif	lication)
For further information concerning this matter,	please cali:
STEPHANE MALTAIS a	at (954) 661-0801
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: <u>CASTLE</u>	PROPERTY & INVESTMENTS LLC	
2. (a) Principal office address of limited liability compar	y: 7060 LONG LEAF DR	
(Note: MUST BE STREET ADDRESS)	PARKLAND, FL 33076	
(b) Mailing address of limited liability company:	7060 LONG LEAF DR	
(Note: MAY BE POST OFFICE BOX)	PARKLAND, FL 33076	
6/3/05	L05000055531	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	STEPHANE MALTAIS	
Registered Office Address:	7427 NW 114TH TERRACE PARKLAND, FL 33076	
(b) Enter name of NEW Registered Agent and/or NE	F.T.	
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7060 LONG LEAF DREAM	
os. By I Bonib i Bindbi (1881)	PARKLAND ,FL 33076	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of anember or authorized representative of a member	Florida street address of the registered office	
STEPHANE MALTAIS		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my paccept the obligations of my paccept the constant of the company of th	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.	
Signature of Register d Age		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00