

M06 00000 4983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

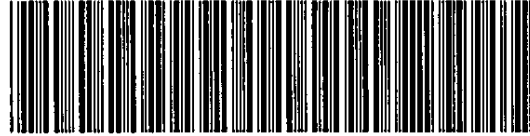
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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AUG 02 2016

S. YOUNG

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

NUMBER PAGES:

Date: July 29, 2016

AE: Jody Moua

TO: Florida Department of State

H1080

REFERENCE: 993145

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

**CASTLE FAMILY LLC**

**Change of Registered Agent**

IN: FL

SPECIAL INSTRUCTIONS: Please process on routine and return one plain copy in the enclosed envelope.

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
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<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	603871	Florida Department of State	\$25

**PLEASE RETURN: Regular Mail**

**PLEASE CALL (800)533-7272 ATTN: Jody Moua TO CONFIRM FILING RESULTS**

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
(800)533-7272

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CASTLE FAMILY LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JODY MOUA  
Name of Person

PARACORP INCORPORATED  
Firm/Company

PO BOX 160568  
Address

SACRAMENTO, CA 95816  
City/State and Zip Code

paracorp@myparacorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JODY MOUA at ( 800 ) 533-7272  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: CASTLE FAMILY LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
1199 AULOA ROAD  
KAILUA, HI 96734

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
1199 AULOA ROAD  
KAILUA, HI 96734

3. 09/11/2006 Date of filing/registration in Florida

4. M06000004983 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
PARACORP INCORPORATED  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303

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TALLAHASSEE, FLORIDA  
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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Sharon Cook Sharon Cook, Asst. Secretary, Paracorp Incorporated  
Signature of Registered Agent