

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0380

## From:

Account Name : AARON A. FARMER, P.L.  
Account Number : I20070000090  
Phone : (239) 262-2040  
Fax Number : (239) 262-2180

## REGISTERED AGENT CHANGE

5099 CASTLEROCK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 5099 CASTLEROCK, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P08000077477

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:

Maria C. Ferrao

(Name of Contact Person)

Aaron A. Farmer, P.L.

(Firm/Company)

720 Fifth Avenue South, Suite 211

(Address)

Naples, FL 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria C. Ferrao

(Name of Contact Person)

at ( 239 ) 262-2040

(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

07/19/2007 19:10 FAX 2392618477  
19/07 2007 16:18 FAX 351289395249

INTERNATIONAL\_IMMIGRATIO  
PORTUGAL PROPERTY GROUP

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002/003

07/18/2007 10:19 FAX 2392618477

INTERNATIONAL IMMIGRATION

**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: 5099 CASTLEROCK, INC.
2. The principal office address: 5099 Castlerock Way, Naples, FL 34112
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: June 5, 2006 Document number: P0600077477
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: \_\_\_\_\_

5811 PELICAN BAY BLVD., SUITE 600

**Naples, FL 34108**

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

**720 Fifth Avenue South, Suite 211**

**IF O. Buss NOT acceptable**

**Naples, FL 34102**

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.

                      
(Signature of an officer or inspector)

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.

*[Signature]*  
(Signature of Registered Agent)

**If signing on behalf of an entity:**

**Aaron A. Farmer**

(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  
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