L14000016704

(Requestor's Name)					
(Address)					
(Address)					
(133.533)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special missiscions to 1 ming emeci.					





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SECRETARY OF STATE TALLS 29 PH 4: 04

LC RAPRO Charge

JUN 11 2014 T. CARTER

COVER LETTER

TO: Registration Division of C						
SUBJECT: Casiol	a LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registe	red Agent/Registered Office Chan	nge and fee(s) are submitted for filing.				
Please return all corr	espondence concerning this matter	r to the following:				
Dennis Goedheid						
	Name of Person					
Casiola LLC						
	Firm/Company					
PO Box 22414						
	Address					
Orlando, FL 3281	9					
-	City/State and Zip Code					
dennis.goedheid(⊉casiola.com					
E-mail address:	(to be used for future annual repor	ort notification)				
For further information	on concerning this matter, please co	call:				
Dennis Goedheid	at (14) 900 3871 - (321)444-073				
Nam	e of Person	Area Code & Daytime Telephone Number				
STREET/CO	OURIER ADDRESS:	MAILING ADDRESS:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
Clifton Building		P.O. Box 6327				
	ve Center Circle Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
■ \$25 Filing	Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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. N	ame of the limited liability company: Casiola LLC					
2. (a)	8024 Cool Breeze Drive #129	(b)	(b) PO Box 22414			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab	-		
	Orlando, FL 32819		Orlando, FL 32830			
3. 5. (a)	01/30/2014 Date of filing/registration in Florida PBB International, Inc.		L 140000 167 04 Document number			
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 2893 Noth Harbour City BLVD.	(ADDRESS)		14 M/M	TALL SECRET	
	Melbourne , F	L 32935		29	- Pin - 43是	
(b)	Dennis Goedheid Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	<u>ress</u> :	P11 4: 04	OT STATE	
	NEW Registered Office Address:		······································			
	8024 Cool Breeze Drive #129					
	Orlando , F	L_32819				
the cha agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co of the limi e limited li	tered office and the business office mpany, it is hereby confirmed that ted liability company or as otherwi	of the the	registered nge(s)	
Signa	sture of a member or authorized representative of a member		Printed or typed name of signee			
provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change	gree to act e performa led for in C I hereby co	in this capacity. I further agree to nce of my duties, and I am familiar hapter 605, F.S. Or, if this docume nfirm that the limited liability comp	comply with a ent is be cany ha	with the nd accept eing filed is been	