## 721008

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: CASTLE #5 CONDOMINIUM, INC.
Name of Corporation
DOCUMENT NUMBER: 721008
The applicad Statement of Change of Resistand Office/A cent and fee are submitted for file

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 D. GENTILE

Name of Contact Person

JOHN D. GENTILE CPA

Firm/Company

1601 N PALM AVE STE 212

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

JOHNGENTILE@GENTILECPANOW.COM

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

For further information concerning this matter, please call:

JOHN D. GENTILE at (954 ) 431-8331

Name of Contact Person 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

statement of cha	provisions of sections 607.0502, inge is submitted for a corporati ir to change its registered office	ion organized under the laws o	of the State of FLORI	DA
1. The name of	the corporation: CASTLE #5	CONDOMINIUM, INC	C	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 05/24/	1971 Document num	721008	
	d street address of the current reg timent of State: (If resigned, ento		ffice on file with the	
	BASULTO ROBBINS	& ASSOCIATES		
	14160 NW 77 COURT	STE 22		
	MIAMI LAKES, FL 330	116	7 S C C C C C C C C C C C C C C C C C C	19 0
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered			F 11_F
	JOHN D GENTILE CP	<u> </u>	<u>-</u>	E S
	1601 N PALM AVE ST			<u>5</u> 5
	PEMBROKE PINES, F	D Box NOT acceptable FL 33026	•	
The street address changed will	ess of its registered office and the identical.	ne street address of the busine	ess office of its regist	ered agent.
Such change wa authorized by th	is authorized by resolution duly ne board, or the corporation has	adopted by its board of direct been notified in writing of the	tors or by an officer e change.	so
	re of an officer or director		RDON, PRESID	ENT
I hereby accept I further agree to performance of agent. Or, it the	the appointment as registered a to comply with the provisions of my duties, and I am familiar wi is document is being filed merel that the corporation has been n	ogent and agree to act in this i fall statutes relative to the pr ith and accept the obligation of ty to reflect a change in the re	oper and complete of my position as reg voistered office addi-	gistered ess, I
	Figure of Vegistered Agent	10/08/2019	Date	
( )	half of an entity:		Date	
Ťy	ped or Printed Name	_		

\* \* \* FILING FEE: \$35.00 \* \* \*