123219

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer.





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10/06/14--01025--003 **35.00

RARDICAS 10,14,14

COVER LETTER

Division of Corporations
SUBJECT: CASTLE #8 CONDOMINIUM, INC. Name of Corporation
DOCUMENT NUMBER: 733279
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:
ALMA BEASLEY Name of Contact Person
Castle #8 Condominium, Inc.
2271 NW 48 Terrace #116 Address
Lauderhill Florida 33313 Cty/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alma Beasley at (754) 471-0846 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

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: Castle #8 Condominium, Inc.
2. The principal office address: 2271 NW 48 TT Terrace, Lauderhill,
Florida 33313
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 04/27/1972 Document number: 723279
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Garfinkel, Katzman
5297 West Copans Road
Margate, Fl. 33063
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Alma Beasley
Alma Beasley 2271 NW 48 Terrace # 116 P.O. Box NOT acceptable
Lauderhill, Florida 33313
The street address of its registered office and the street address of the business office of its registered ager 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.
Alma Beasley President Signature of an officer or director Printed or typed holine and title
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.
Clara Deasley 10 10 103/2014 Signature of Registered Agent
If signing on behalf of an entity:
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, TAILLAHASSEF, FL 32314 CR26045 (03/12)