A19077

(Requestor's Name)	
(Address)	
· · ·	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
·	
	

Office Use Only



300272745933

300272745933 05/18/15--01019--036 **35,00



866 South Dixie Highway Coral Gables, Florida 33146 Tel 305.662.4141 Fax 305.662.3816

May 14, 2015

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

RE: Casto Investments Company, LLLP - Document No. A19077

Dear Sir:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for the above entity. Also enclosed is a check in the amount of \$35.00, representing your filing fee. Please file the enclosed statement of change, and forward me written confirmation of the same.

Thank you for your anticipated prompt attention to this matter.

Very truly yours,

JEFFREY C. ROTH

JCR:gkm Encls.

cc: Mr. Tony Romeo (with encls. by fax to 305-670-7787)

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

i CAST	O INVESTMENT	S COMPAI	NY, LLLP	
	mited Partnership or Limite			
2. 02/07/1	985		A19077orida document number	e die papaye. Wadie kalkingere de
Date of filing/registra	tion in Florida	Fi	orida document number	. 4.00
d. The name of the registered Department of State:	agent and the registered of	tice address as sl	nown on the records of the Florida	
	Avison Your Name	ng, LLC		
50	00 W. Cypress Creek Addres		350	
	Ft. Lauderdale, City, State of			
5. The name and Florida street	t address of the new registe	ered agent and/or	office:	
	Jeffrey C. Ro	th, Esq.		
	Name			
	Roth & Scholl, 866 S			
•	Florida street address (P.O.	Box not accepta	hite)	
	Coral Gables		33146	
6. Such change(s) is/are effec	City. State and the rest of the Flori	·	of State.	
Signature of Lenckal Partner				
			is capacity. I further agree to lete performance of my duties.	
and I am famillar with an occ. My Col				
Signature of Registered Agent				
Filing Fee: Certified Copy (optiona	\$35.00 d): \$52.50			