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CORSARO & ASSOCIATES CO., LPA

28039 CLEMENS ROAD WESTLAKE OH 44145 (440) 871-4022/TELEPHONE (440) 871-9567/FACSIMILE

September 14, 2012

VIA UPS # 1Z F60 R31 01 9603 1231

FLORIDA DEPARTMENT OF STATE Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Castle Wire, Inc.

Document No. F07000002456

Dear Sir or Madam:

Enclosed are the following, being submitted for filing on behalf of the above-referenced corporation:

- 1. Cover Letter;
- 2. Statement of Change of Registered Office or Registered Agent or Both for Corporations; and
- 2. Check No. 6398 made payable to "Florida Department of State" in the amount of \$35.00.

If you should have any questions and/or comments concerning the enclosed, please do not hesitate to contact me.

Sincerely,

CORSARO & ASSOCIATES CO., LPA

By: Barbara L. Watson, Paralegal to

Mark A. Kikta, Esq.

/blw

Enclosures

cc: Mr. Christopher A. Porter (w/o encls.) (via U.S. Mail)

W:\Porter - Castle Wire, Inc. (MI) (Ika Business Communication Analysts, Inc. (MI))\Corres\LTR_Q312-46.wpd

COVER LETTER

TO:	Amendmen Division of	t Section Corporations	
CHD	ECT:	Castle Wire, Inc.	
SUDJ	ECI:	Name of C	prporation
DOC	UMENT NU	F07000002456	
The e	nclosed Stater	nent of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please	e return all cor	respondence concerning this matte	to the following:
		Mark A. Kil	kta, Esq.
		Name of Cor	itact Person
		Corsaro & Associ	ates Co., LPA
		Firm/Co	mpany
		28039 Clem	ens Road
	_	Add	ress
		Westlake, C	DH 44145
		City/State ar	d Zip Code
		mkikta@cors	arolaw.com
		E-mail address: (to be used for f	uture annual report notification)
For fu	irther informa	tion concerning this matter, please	call:
Barb	ara L. Wats	son	at (871-4022 Area Code & Daytime Telephone Number
	Nam	ne of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.0	0 check made payable to the Depart	ment 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

in ora	nange is submitted for a corporation organized under the laws of the State of Michigan ler to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	f the corporation: Castle Wire, Inc.		
2. The principa	al office address: 30628 Detroit Road, #298		
•	Westlake, OH 44145		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 05/07/2007 Document number: F700002456		
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	C. T. Corporation System		
1200 South Pine Island Road			
	Plantation, FL 33324		
6. The name ar (if changed)	nd street address of the new registered agent (if changed) and /or registered office		
	USA-RA LLC		
	841 Prudential Drive, 12th Floor		
	P.O. Box NOT acceptable		
	Jacksonville, FL 32207		
The street add as changed wi	ress of its registered office and the street address of the business office of its registered agen II be identical.		
Such change vauthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		
X Charles	Christopher A. Porter, President Printed or typed name and title		
I further agree performance of agent. Or, if the hereby confirm	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete If my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.		
x Kylis	Lawende 8/51/12 ignature of Registered Agent Date		
V	pehalf of an entity:		
Kyle Lave	nder Typed or Printed Name		

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