

536383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

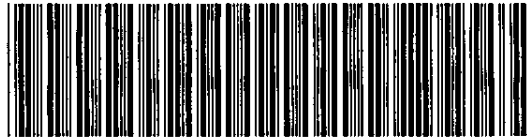
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000279695260

12/28/15--01010--024 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC 28 PM 12:57

FILED

Rd/ch8

DEC 31 2015  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A. Castro & Associates Inc.  
Name of Corporation

**DOCUMENT NUMBER:** J36383

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:

Angel T Castro

Name of Contact Person

A. Castro & Associates Inc.

Firm/Company

15165 NW 77 Avenue Ste 1004

Address

Miami Lakes FL 33014

City/State and Zip Code

angel@sfcins.com

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

For further information concerning this matter, please call:

Angel T Castro

Name of Contact Person

at ( 305 ) 819-8618

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: A. Castro & Associates Inc.
2. The principal office address: 15165 NW 77 Avenue Ste 1004 - Miami Lakes FL 33014
3. The mailing address (if different): same
4. Date of incorporation/qualification: 10/03/1986 Document number: J36383
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)

Angel T Castro

11101 NW 59 Place

Hialeah FL 33012

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Angel T Castro

15165 NW 77 Avenue Ste 1004

P.O. Box NOT acceptable

Miami Lakes FL 33014

The street address of its registered office and the street address of the business office of its registered agent, 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.

Angel T Castro  
Signature of an officer or director

Angel T Castro / President

Printed or typed name 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.*

Angel T Castro  
Signature of Registered Agent

12/22/2015

Date

If signing on behalf of an entity:

Angel T Castro

Typed or Printed Name

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

FILED  
2015 DEC 28 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA