

21000010/445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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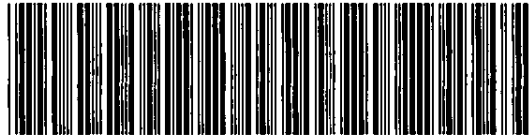
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **S & E Castle LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for

Please return all correspondence concerning this matter to the following:

**Emily Mountcastle**

Name of Person

**S & E Castle, LLC**

Firm/Company

**60 West Tropical Way**

Address

**Plantation, Fl. 33317**

City/State and Zip Code

**emily@kenigaero.com**

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

For further information concerning this matter, please call:

**Emily Mountcastle**

Name of Person

at ( **954** ) **562-1516**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2012 DEC 15 PM 4:53  
REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: S & E Castle LLC

2. (a) Principal office address of limited liability company: 60 West Tropical Way  
(Note: MUST BE STREET ADDRESS) Plantation, Fl. 33317

(b) Mailing address of limited liability company: 60 West Tropical Way  
(Note: MAY BE POST OFFICE BOX) Plantation, Fl. 33317

September 29, 2010

3. Date of filing/registration in Florida

L10000101445

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State:

Registered Agent:

Joel E. Greenberg

Registered Office Address:

4300 N. University Drive

Ste D-106

Lauderhill, Fl. 33351

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Emily Mountcastle

NEW Registered Office Address:

60 West Tropical Way

(MUST BE FLORIDA STREET ADDRESS)

Plantation

, FL 33317

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Albert E. Mountcastle, Jr.  
Signature of a member or authorized representative of a member

Albert E. Mountcastle, Jr.

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Emily Mountcastle  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**