

L1100000 86872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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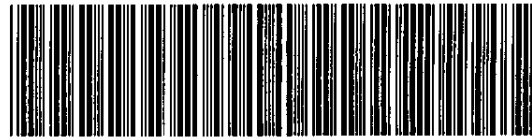
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 08 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jules Castle LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Juliana Scaminaci

Name of Person

Jules Castle LLC

Firm/Company

20355 NE 34 Ct, Apt 2728

Address

Aventura, FL 33180

City/State and Zip Code

jules.scaminaci@yahoo.com

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

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**11 NOV -7 PM 12:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

Juliana Scaminaci

Name of Person

at ( 786 )

201-5238

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

**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: Jules Castle LLC

2. (a) Principal office address of limited liability company: 5445 Collins Avenue

(Note: MUST BE STREET ADDRESS) Miami, FL 33140

(b) Mailing address of limited liability company: 20365 NE 34 Ct, Apt 2728

(Note: MAY BE POST OFFICE BOX) Aventura, FL 33180

7/28/2011 L11000088872

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: FASWAG

Registered Office Address: 575 Sandpiper Way  
Boca Raton, FL 33431

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

NEW Registered Agent: Incsmart Florida Inc

NEW Registered Office Address: 4805 49th Place

(MUST BE FLORIDA STREET ADDRESS) VERO BEACH, FL 33462

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.

Juliana Scaminaci  
Signature of a member or authorized representative of a member

JULIANA SCAMINACI  
Printed or typed name of signer

*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.*

San Ben  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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