

L130000158317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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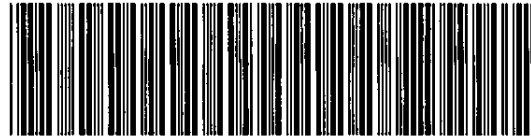
(Business Entity Name)

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SEP 10 2014

T. CARTER

LLC RA/RO
change

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frank Castiglione & Associates, 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:

Frank Castiglione

Name of Person

Frank Castiglione & Associates, LLC

Firm/Company

10715 Versailles Blvd.

Address

Wellington, FL 33449

City/State and Zip Code

fcastiglione@cruiseone.com

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

For further information concerning this matter, please call:

Frank Castiglione at (561) 333-7785

Name of Person

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 605.0114 or 605.0116, 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 <u>Frank Castiglione & Associates, LLC</u>	
2. (a) <u>Frank Castiglione & Associates, LLC</u>	(b) <u>Frank Castiglione & Associates, LLC</u>
Principal office address of limited liability company: (New, <u>MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Sec. <u>MAY BE ANY OFFICE BOX</u>)
<u>10715 Versailles Blvd.</u>	<u>10715 Versailles Blvd.</u>
<u>Wellington, Florida 33449</u>	<u>Wellington, Florida 33449</u>
3. <u>November 12, 2013</u>	4. <u>L13000158317</u>
Date of filing/registration in Florida	Documental number
5. (a) <u>Corporation Service Company</u>	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
Registered Office Address: <u>MUST BE FLORIDA STREET ADDRESS</u>	
<u>1201 Hays Street</u>	
<u>Tallahassee, FL 32301</u>	
(b) <u>Frank Castiglione</u>	
Print name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>	
<u>NEW Registered Office Address</u>	
<u>10715 Versailles Blvd.</u>	
<u>Wellington, FL 33449</u>	

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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.

Frank Castiglione
Signature of a member, authorized representative of a member

Frank Castiglione / President
Printed or typed name of agent

I hereby accept the appointment as registered agent and agree to act in that 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 605, 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.

Frank Castiglione
Signature of Registered Agent