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(Requestor's Name)											
(Address)											
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(City/State/Zip/Phone #)											
PICK-UP WAIT MAIL											
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(Business Entity Name)											
(Document Number)											
Certified Copies Certificates of Status											
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJE	CAST PROPERTIES GROUP LLC								
SCBGI	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning this	matter to the	following:						
CAST	TILLO, JEFFREY								
	Name of Person								
CAST	FPROPERTIES GROUP LLC								
	Firm/Company								
13876	6 SW 56 ST SUITE 478								
	Address	·	<u>-</u>						
MIAN	11, FL 33175		•						
	City/State and Zip Code								
JEFF	REYCASTILLO@OUTLOOK.COM	I							
E	E-mail address: (to be used for future annu	al report notif	ication)						
For fur	ther information concerning this matter, p	olease call:							
CAST	TILLO, JEFFREY	786	597-6570						
	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 Enclosed is a check for the following a	Re Di P.(Ta	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Illahassee, Florida 32314						
	_		55 Filing Fac & Contified Com-						
1501010	■ \$25 Filing Fee	LJ 3.	55 Filing Fee & Certified Copy						
INHS18	8 (2/14)								

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.	Na	me of the limited liability company:	CAST PRO	PERTIE	S	GROU	LLC				
2.		13876 SW 56 ST SUITE 478			(b)	13876	SW 56 ST 9	SUITE 4	78		
٠,	(4)	Principal office address of limited liab (Note: MUST BE STREET A)			(0)		Mailing address (Note: MAY				
		MIAMI, FL 33175				MIAMI,	FL 33175			_	
	F.				,					 	
		04/27/2015	· · · · · · · · · · · · · · · · · · ·	·	_	150000					
 3. 5. 	(a)	Date of filing/registration in CASTILLO, JEFFREY	Florida	4.			Document n	umber			
0.	(4)	Registered Agent and Registered Office show 14910 SW 22ND ST	n on the records	of the Flori	da I	Dept. of Sta	ite:				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						SEC:	2018		
		MIAMI	,	FL_3318	5		- -	AHASS	MAY 14	FIL	
	(b)	CASTILLO, JEFFREY						E CO	4 PH		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>				ddı	ress:	_	E SA CO			
		13876 SW 56 ST						A OI	<u></u>		
		NEW Registered Office Address:					_				
		SUITE 478									
		MIAMI	,	_{FL} 3317	5		_				
the age was	cha nt w s/we	mited liability company is not organize or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote of cles of organization or the operating a	street address lorida limited of the member	of the reg l liability or s of the light he limited	gist con mit I lia	ered officenpany, it ted liability contacts	ce and the bus is hereby conf ty company o	iness offi firmed th	ce of that the c	ne registered hange(s)	
S	ignat	ure of a member or authorized representative of	of a member				Printed or type	ed name of	signee		
pro the to i not	visi obli nere ified	by accept the appointment as registered ons of all statutes relative to the proping ations of my position as registered of the registered of the writing of this change.	ed agent and cer er and comple gent as provi ffice address,	agree to a ete perfori ided for in I hereby	ct i mai coi	n this cap nce of my hapter 60 nfirm thai	pacity. I furthed duties, and I 5, F.S. Or, if the limited li	er agree am famil this docu ability co	to com iar with ment is mpany	ply with the n and accept being filed has been	
		D: :: CO		N (34		70 H I	TT 202				