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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 4145 NW War Grand Name of Limited Lia		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and f	ec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fe	ollowing:	
Carle Wealth Management		
201 Arkona Ct. Address West Palm Beach, FL 33	_	
City/State and Zip Code Cworley Castewm. C E-mail address: (To be used for future annual report notified)	oation)	
For further information concerning this matter, please call:		
Christina Worley at 561 Name of Person) 686 - 9604 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
U\$25 Filing Fee	5 Filing Fee & Certified Copy	
INHS18 (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. Name of the limited liability company: 4145 NW W Circle Car U	1
2. (a) (b)	ı
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability (Note: MAY BE POST OFFICE)	
4145 NW 60th Circle 4145 NW 60th C	ircle
Boca Raton FL 33496 Boca Raton, FL:	
3. Date of filing/registration in Florida 4. Document number	
5. (a) Caske Wearth Hanagement	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	202
1400 Centapark Blvd.	P I
West Palm Beach, FL 33401	1 L B 24
(b) Same - Castle Wealth, Management Enter name of NEW Registered Agent and/or NEW Registered Office address.	AH 10: 35
Enter name of NEW Registered Agent and/or NEW Registered Office address Cothe Wealth Management. NEW Registered Office Address:	` ယ္ဌ -
201 arkona Ct.	
West Palm Beach FL 33401	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed change or changes are made, the Florida street address of the registered office and the business office of the ragent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the case/were authorized by an affirmative vote of the members of the limited liability company or as otherwise particles of organization or the operating agreement of the limited liability company.	egistered
Signature of a member of a member Christian Worley Printed or typed name of signor	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address. I hereby confirm that the limited liability company notified in writing of this change.	ply with the h and accept s being filed has been
Signature of Registered Agent	

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