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D. SCOTT APR 2 4 2017

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations				
CASTLE EQUITY, LLC				
SUBJECT: Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the	e following:		
RAYMOND DEAN				
Name of Person				
CASTLE EQUITY, LLC				
Firm/Company				
PO BOX 621768				
Address				
OVIEDO, FL. 32762				
City/State and Zip Code			المسلم المسلم	
ren.			ALCON A	
E-mail address: (to be used for future and	nual report noti	fication)	過るこ	
For further information concerning this matter	, please call:		1550 P	
RAYMOND DEAN	407 at (542-5432		
Name of Person	41 (Area Code & Daytime Telep	hone Number 部	
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	₽ \$	S55 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. Na	me of the limited liability company: CASTLE EQU	JITY, L	LC		
2. (a)	1475 STELLAR DRIVE	(1	(b) PO BOX 621768		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	OVIEDO, FL. 32765		OVIEDO	, FL. 32762	
	MAY 13, 2016		L 1600009	94932	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	NISHAD KHAN				
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of State	:	
	617 E. COLONIAL DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRES.	<u>n</u>	·	
	ORLANDO ,FL	32803			
(b)	RAYMOND DEAN				
()	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	dress:	dia in	
	1475 STELLAR DRIVE			SECOND TO	
	NEW Registered Office Address:			A 21	
	OVIEDO , FL	32765		77.52	
If the li	mited liability company is not organized under the law	rs of the	State of Flo	ride it is hereby some models by the series	
the cha	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	the regi	stered office	and the business office of the registered	
was/we	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the lin	nited liability	company or as otherwise provided in	
سر سر	cold of organization of the operating agreement of the		YMOND D	•	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have I'in writing of this change.	ee to ac perform I for in pereby c	t in this capa ance of my d Chapter 605, onfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Signatur	re of Registered Agent	-			

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