## 118000175378

(Requestor's Name)	-
(Address)	
(Address)	_
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT MAIL	_
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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## COVER LETTER

TO:	Registration Section Division of Corporations		•			
SUBJE	Castro Limited LLC					
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	iclosed Registered Agent/Registered O	ffice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning t	his matter to the fo	Howing:			
Eric N	∕l Castro					
-	Name of Person		-			
Castr	o Limited LLC					
	Firm/Company		-			
931 F	Florida Parkway					
<del></del>	Address		-			
Kissir	mmee, FL 34742					
	City/State and Zip Code					
	dife8@gmail.com					
l:	E-mail address: (to be used for future ar	inual report notifica	ation)			
For fur	rther information concerning this matte	r, please call:				
Eric N	Л. Castro	407 at (	820-4169			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: MAILING ADDRESS:					
			stration Section			
	Division of Corporations	Division of Corporations P.O. Box 6327				
	Clifton Building					
	2661 Executive Center Circle Tallahassee, Florida 32301	l alla	hassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	<b>□</b> \$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.

l. Na	une of the limited liability company: Castro Limited	d LLC	
2. (a)	931 Florida Parkway	(b)	
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Kissimmee, FL 34742		
	7/20/18	— – L1	18000175378
3.	Date of filing/registration in Florida	<b>4</b> .	Document number
5. (a)	Patricia K McCracken		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:
	111 E. Monument Avenue, Unit 702		
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
			ؽ
	Kissimmee, FL	34741	
(b)	Eric M. Castro		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	
	931 Florida Parkway		्र इ.
	NEW Registered Office Address:		
	Kissimmee,	34742	<del></del>
he cha gent v vas wo he arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of class of organization or the operating agreement of the	the register ability comp of the limite limited liab	ered office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
l herei provisi he obl o merj	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide dyreflect a change in the registered office address, I in writing of this change.	performane	n this capacity. I further agree to comply with the

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Signature of Registered Agent