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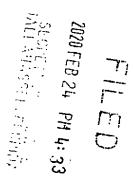
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Castle Wealth Manag	ability 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 t	ollowing:
Christina L. Worley Name of Person	_
Castle Wealth Manager	rent.
201 Arkona Ct. Address	_
West Palm Beach FL 334 City/State and Zip Code	<u>0</u> /
E-mail address: (to be used for future annual report notifi	OM ication)
For further information concerning this matter, please call:	
Christina Worley at 54 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:	
S \$25 Filing Fee □ S	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. N	Jame of the limited liability company: Castle Wealth Management, UC
2. (a)	
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	201 Arkona Ct. 201 Arkona Ct.
	West Palm Beach, FL 33401 West Palm Brack FL 334
3.	10/09/1997 Date of filing/registration in Florida 4. Document number
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address 1400 Centrefack Blvd #900 West Palm Beach FL 33041 (Same - Christma L. Worley) Enter name of NEW Registered Agent and/or NEW Registered Office address: 201 Arkona Ct. NEW Registered Office Address. West Palm Beach 231101
	,FL,FL
changagent was/s the or Sign I her provi	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the ge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in titles of organization or the operating agreement of the limited liability company. **Device The Appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed are lived to the registered office address, I hereby confirm that the limited liability company has been add in writing of this change.
Signa	ture of Registered Agent