H210000955

	(Requestor's Name)					
	(Address)					
((Address)					
	(City/State/Zip/Phone #)					
PICK-UP	P WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000	00195
	REFERENCE	:	856007	8279013
	AUTHORIZATION	:		
	COST LIMIT	:	\$ 25.00	\sim
ORDER DATE :	December 20, 202	4	T.	de Ra
ORDER TIME :	1:48 PM			
ORDER NO. :	856007-005			
CUSTOMER NO:	8279013			
		-		
	CHANGE OF A	<u>.GEN</u>	<u>T</u>	
NAME:	CASTLEGREEN F	INA	NCE, LLC	
PLEASE RÉTURN	N THE FOLLOWING AS	PR	OOF OF F	ILING:
	IFIED COPY N STAMPED COPY			
CONTACT PERSO	DN: Amanda Miller			

EXAMINER'S INITIALS:

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.

. Na	ame of the limited liability company: CASTLEGREE	EN FINAN	ICE, LLC		
. (a)	3 W. Main Street, Suite 103		b)		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Irvington, NY 10533				
	05/18/2021		M21000008085		
	Date of filing/registration in Florida	4.	Docu	ment number	
(a)	Registered Agents Inc.				
(-)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of State:		
	7901 4th Street NE, Suite 300				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	SI		
	St. Petersburg	, 3370:	2	2025	
		L		A A	
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office n	ddress:	- 1	
	Corporation Service Company			PH F	
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee , F	L_32301			
ange ent v as/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability c of the lir	ed office and the lompany, it is herel nited liability com	ousiness office of the registered by confirmed that the change(s) pany or as otherwise provided in	
	auren Tisdale		ren Tisdale, Auth		
	ture of a member or authorized representative of a member	<u></u>	Printe	ed or typed name of signee	
ovisi e obl merc	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.	e perforn ed for in hereby c	t in this capacity. ance of my duties, Chapter 605, F.S. onfirm that the lin ion Service Com	, and I am familiar with and accep Or, if this document is being filed nited liability company has been	
	(e) M Kell	Ami M	Casper, Asst. Vic	o Drosidant	