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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Cópies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations			
•			
SUBJECT: CASALINA, INC	<u></u>		
(Name of Corporation)			
DOCUMENT NUMBER: P02000074228			
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
,			
CESAR B. LINARES			
(Name of Contact Person)			
CASALINA, INC			
(Firm/Company)			
	.		
2700 W. ATLANTIC BLVD SUITE 100			
(Address)			
DOMBANO DEACUEL 22060			
POMPANO BEACH FL 33069 (City/State and Zip Code)			
For further information concerning this matter, please call:			
CESAR B. LINARES at (9	54 \ 969-9221		
(Name of Contact Person) at (A	rea Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CASALINA, INC
2. The principal office address: 2700 W. ATLANTIC BLVD SUITE 100-C POMPANO BEACH FL 33069
3. The mailing address (if different): 2700 W. ATLANTIC BLVD SUITE 100
POMPANO BEACH FL 33069 4. Date of incorporation/qualification: 07/08/2002 Document number: P02000074228
5. The name and street address of the current registered agent and registered office on file with February Florida Department of State:
CESAR B. LINARES
2760 W ATLANTIC BLVD
POMPANO BEACH FL 33069
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CESAR B. LINARES
2700. W ATLANTIC BLVD SUITE 100
(P.O. Box NOT acceptable)
POMPANO BEACH FL 33069
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer of functor) (Printed or typed name and fittle)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Casaling Inc. (Typed of Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)