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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations		
SUBJECT: Cast Iron Inc. Name of Corporation		
DOCUMENT NUMBER: P 06 0000 13629		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Shellie Colamarino Name of Contact Person		
Name of Contact Person		
Cast Iron Inc.		
569 Jadewood Ave		
Address		
Orlando FL 32825 City/State and Zip Code		
dk98 @Cf1.rr. Com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Shellie Colamarino at 321 695-6903 Name of Contact Person Area 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

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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: Cast Iron Inc. 2. The principal office address: 2818 5 Orange Ave
Orlando FL 32806
3. The mailing address (if different): 569 Vadewood Ave
Driando FL 32825
4. Date of incorporation/qualification: DI 30 06 Document number: P0600013629
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens FL 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Shellie Colamarino
569 Jadewood Ave P.O. Box NOT acceptable
Drlando FL 32825 3
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.
Shelle Colomarino Treasurer Signature of an officer or director Shelle Colomarino Treasurer Printed or typed name and title
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.
12/30/09
If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *