

PD60000013629

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cast Iron Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P06000013629

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

Cast Iron Inc.  
Firm/Company

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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
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: Cast Iron Inc.
2. The principal office address: 2818 S Orange Ave  
Orlando FL 32806
3. The mailing address (if different): 569 Jadewood Ave  
Orlando FL 32825
4. Date of incorporation/qualification: 01/30/06 Document number: P06000013629
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

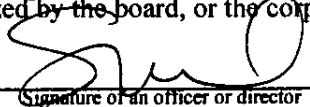
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Shellie Colamarino  
569 Jadewood Ave  
P.O. Box NOT acceptable  
Orlando FL 32825

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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 or director

Shellie Colamarino 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.

  
Signature of Registered Agent

12/30/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or 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