

P07000004362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

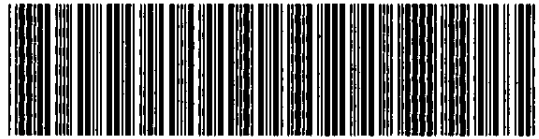
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Change

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11-30-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Castillo Insurance Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P07000004362

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:

Jose Castillo  
Name of Contact Person

Castillo Insurance Services, Inc.  
Firm/Company

1850 NW. 122 Terrace  
Address

Pembroke Pines, FL. 33026  
City/State and Zip Code

jcmcac@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Castillo at ( 305 ) 905-4830  
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: Castillo Insurance Services, Inc.
2. The principal office address: 1850 NW. 122 Terrace, Pembroke Pines, FL. 33026
3. The mailing address (if different): 1850 NW. 122 Terrace, Pembroke Pines, FL. 33026
4. Date of incorporation/qualification: 01/10/2007 Document number: P07000004362
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)

Jose Castillo

1850 NW. 122 Terrace, Pembroke Pines, FL. 33026

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

Jose Castillo

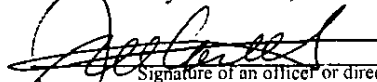
5430 W. 9 Avenue, Hialeah, FL. 33012

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA


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

Jose Castillo, President  
\_\_\_\_\_  
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

November 19, 2009  
\_\_\_\_\_  
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  
CR2E045 (8/05)