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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: CASTLE REAL ESTATE ENTERPRISES, INC. Name of Corporation DOCUMENT NUMBER: P07000130687 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: Rafael Castellanos Name of Contact Person CASTLE REAL ESTATE ENTERPRISES, INC. Firm/Company PO Box 6025 Address Hutchinson Island FL 34957 City/State and Zip Code rcastel767@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: __at (954) 296-2426 Area Code & Daytime Telephone Number Rafael Castellanos Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address:

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

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi	zed under the laws of the State of Florid	a
	r to change its registered office or registe		
1. The name of	the corporation: CASTLE REAL ES	STATE ENTERPRISES, INC	·
2. The principal	office address: 9020 44TH AVE, V	NABASSO, FL 32958	
3. The mailing a	address (if different): PO BOX 6025,	HUTCHINSON ISLAND, FL	. 34957
4. Date of incorp	poration/qualification: 11/26/2007	Document number: P07000130	0687
	I street address of the current registered agreement of State: (If resigned, enter resigned	-	
	CASTELLANOS, RAFAEL		
	14579 82ND LANE N		
	LOXAHATCHEE, FL 33470		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	CASTELLANOS, RAFAEL		26
	9020 44TH AVE	· 	J .
	WABASSO, FL 32958	ecceptable	તા ૧૯ ૧૯
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its regis	stered agent,
Such change was authorized by the	as authorized by resolution duly adopted te board, or the corporation has been not	by its board of directors or by an officer itied in writing of the change.	r so
	Λ	Rafael Castellanos	
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac is document is being filed merely to refle that the corporation has been notified in	tes relative to the proper and complete cept the obligation of my position as re- ct a change in the registered office addi	gistered ress, I
		11/19/2018	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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