P08000018279

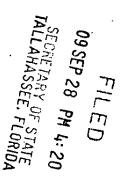
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(, ,, , ,,
PICK-UP WAIT MAIL
(Business Entity Name)
" (Document Number)
(2-1-1-1-1)
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COVER LETTER

TO: Amendment Se Division of Co					
SUBJECT:	CASTELLANO'S CON	STRUCTION Corporation	N INC.		
DOCUMENT NUMB	ER:P08	000018279			
The enclosed Statemen	t of Change of Registered Offic	e/Agent and fee a	are submitted for filing.		
Please return all corres	pondence concerning this matte	r to the following	;		
	ALAIN CAS	TELLANOS			
	Name of Co	ntact Person			
	CASTELLANO'S CO	NSTRUCTIO	N INC:		
	Firm/C	ompany			
12115 SW 187 ST					
		ress			
MIAMI FL 33177 City/State and Zip Code					
E-1	ALAIN.CASTELLAN nail address: (to be used for t	OS@YAHOO.			
For further information	concerning this matter, please	call:			
	CASTELLANOS	_\at (786) 286-1739)	
Name o	f Contact Person	Area Code	& Daytime Telephone 1	Number	
Enclosed is a \$35.00 cl	neck made payable to the Depar	tment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi Clifto 2661	Address: dment Section on of Corporations n Building Executive Center Circl nassee, FL 32301	e /	

CR2E045 (8/05)

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: CASTELLANO'S CONSTRUCTION INC.	
2. The principal office address: 12115 SW 187 ST	
MIAMI FL 33177	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/19/2008 Document number: P0800001827	9
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)	
ALAIN CASTELLANOS (PRESIDENT)	
12115 SW 187 ST	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ALAIN CASTELLANOS	FIL
ALAIN CASTELLANOS SEE OF T	בי וֹד
	-
P.O. Box NOT acceptable MIAMI FL 33177	20
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	nt,
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 ALAIN CASTELLANOS 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 performa of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if t document is being filed merely to reflect a change in the registered office address, I hereby confirm that t corporation has been notified in writing of this change.	nce his the
09/24/2009	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	,

,,,,,,

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

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