

P090000 80399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

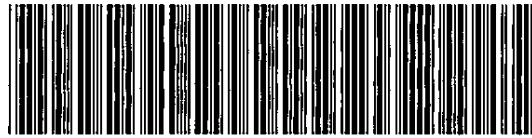
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800160804778

MB  
10-8-09

**Murphy, Erin L.**

---

**From:** Linnette Castillo [psychdoccastillo@gmail.com]  
**Sent:** Wednesday, September 30, 2009 10:56 AM  
**To:** CorpAddressChange  
**Subject:** Address change

Please note that I would like to change the mailing, and principal addresses as well as the address for the registered agent for Linnette Castillo, Psy.D. & Associates, P.A.  
document number P09000080399.

The old address is  
222 LAKEVIEW AVENUE  
SUITE 160  
WEST PALM BEACH FL 33401

The new address is  
5200 Sunset Drive  
Miami, Florida 33143

Thank you. Please contact if I need to provide any additional information.  
Linnette Castillo, Psy.D.  
Licensed Clinical Psychologist  
Linnette Castillo, Psy.D. & Associates, P.A.