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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to E Kelly K Advise Officient	tilling Officer.  USSE  L to m  ection  cumen	iake s Dn t.

Office Use Only



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SECRETARY OF STATE TALL AHASSEE: FLORIDA

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COVER LETTER
COVER LETTER  TO: Amendment Section Division of Corporations  SUBJECT: Castle Lywry And Shipping Fac, Name of Corporation  DOCUMENT NUMBER:  The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
DOCUMENT NUMBER:
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:
Name of Contact Person  Castle Luxury Anto Shipping Inc.  Firm/Company
1890 W DIYIE HIGHWAY STE 211 Address
Micm, (1 33)45 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  T. C. at 800 7944546 Lyt, 3  Name of Contact Person Area Code & Daytime Telephone Number
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 in order to change its registered office or registered agent, or both, in the State of Florida.
2 2) I DI SEMICES
1. The name of the corporation: Costle Luxury Auto Snippins Inc
2. The principal office address: NEOLO West Mue highway SIE 219
miani, fl
3. The mailing address (if different): Same CS COWE.
4. Date of incorporation/qualification: 2/22/2010 Document number: W 100000 1043
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)
Susan Castillo
2000 towersale terr ste 1203
micmi, f1 33016
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Sean Charles
Jean Charles 3
1890 West diffe highway STE 219 P.O. Bok NOT acceptable
Mcmy f1 33/40
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.
TC.
Signature of the officer or director 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.
W- 10-04-10
Ignature of Registered Agent Date
If signing on behalf of an entity:
CASTLE LUXURY AND TRANSPORT, INC. 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)