

P1300000K75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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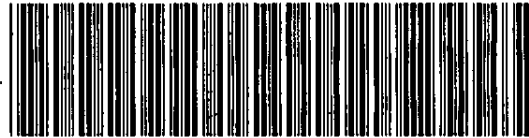
(Business Entity Name)

(Document Number)

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MAR 16 2016

A. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sandcastle Merchant Services Inc.
Name of Corporation

DOCUMENT NUMBER: P13000001575

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:

Cristopher Carillo

Name of Contact Person

Sandcastle Merchant Services Inc.

Firm/Company

378 Northlake Blvd. Unit #134

Address

North Palm Beach, FL. 33408

City/State and Zip Code

admin@sandcastlemerchantservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristopher Carillo

Name of Contact Person

at (305) 395-3115

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: Sandcastle Merchant Services Inc.
2. The principal office address: 378 Northlake Blvd Unit #134
North Palm Beach, FL 33408
3. The mailing address (if different): PO Box 597
Marco Island, Florida 34146
4. Date of incorporation/qualification: 01/04/2013 Document number: P13000001575
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)

Spiegel & Utrera, PA

1840 SW 22nd St. 4th Floor

Miami, FL. 33145

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

Christopher Martin

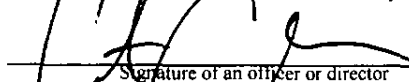
1600 Sarno Rd., Suite 14

P.O. Box NOT acceptable

Melbourne, FL 32935

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

Cristopher Carillo

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

03/07/2016
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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