

(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



600292322816

11/17/16--01009--010 \*\*35.00

1:57 2 1 20 lb

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Name of Corporation
POCLIMENT NUMBER, P16000006492

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:

Tito Castillo

Name of Contact Person

Tito Castillo, PA

Firm/Company

P.O. Box 550776

Address

Davie, FL 33355

City/State and Zip Code

tcrealestate@bellsouth.net

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

For further information concerning this matter, please call:

Tito Castillo

Name of Contact Person

at (954 ) 554-1606

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

statement of ch	we provisions of sections $607.0502$ , $617.0502$ , $607.1508$ , or $617.1508$ , Finange is submitted for a corporation organized under the laws of the St	tate of Florida
	der to change its registered office or registered agent, or both, in the St	ate of Florida.
1. The name of	of the corporation: Tito Castillo, PA	
	pal office address: 8476 SW 29th St. Miramar, FL 33025-2	2966
3. The mailing a	g address (if different): P.O. Box 550776, Davie, FL 33355	
4. Date of incor	orporation/qualification: 1/19/2016 Document number: P	16000006492
	and street address of the current registered agent and registered office on partment of State: (If resigned, enter resigned)	file with the
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or register):	200 / m
	Tito Castillo	VON 8
	8476 SW 29th St.	7
	P.O. Box NOT acceptable	Tra tra
	Miramar, FL 33025-2966	1.3
The street address changed will	lress of its registered office and the street address of the business official be identical.	e of its registered agent,
Such change wa authorized by the	was authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the chang	by an officer so
Significan	Tito Castillo, P	a and Pila
I hereby accept	pt the appointment as registered agent and agree to act in this capacite to comply with the provisions of all statutes relative to the proper and find my public, and I am familiar with and accept the obligation of my publis document is being filed merely to reflect a change in the registere in that the corporation has been notified in writing of this change.	fv
	11/11/16	
	ignature of Registered Agent Date	
if signing on be	pehalf of an entity:	
T	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 (03/12)

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