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R. WHITE

JUN 29 2018

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18-000000000000

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Castle Processing Inc.

Name of Corporation

**DOCUMENT NUMBER:** P16000044416

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:

Maryann Wright

Name of Contact Person

Castle Processing Inc.

Firm/Company

18865 State Rd 54 #192

Address

Lutz, FL 33558

City/State and Zip Code

maryann@castleprocessing.com

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

For further information concerning this matter, please call:

Maryann Wright

Name of Contact Person

at ( 813 ) 543-1018

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: Castle Processing Inc.
2. The principal office address: 18865 State Rd 54 #192  
Lutz, FL 33558
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/2016 Document number: P16000044416
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)

Maryann Wright

18569 Milton Keynes Ct

Land O Lakes FL 34638

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

Maryann Wright

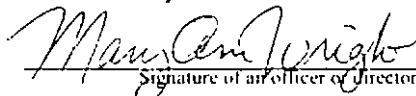
18865 State Rd 54 #192

P.O. Box NOT acceptable

Lutz, FL 33558

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

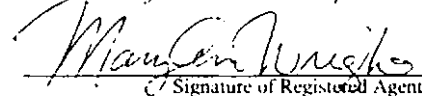
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Maryann Wright - President

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

6/25/2018

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

FILED  
18 JUL 27 AM 9:29  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS