

P180000 41920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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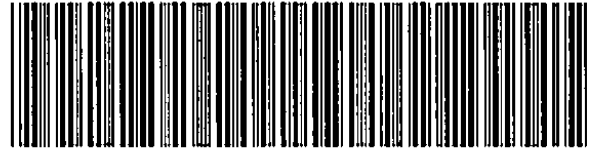
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D SCOTT

JUN 27 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CASTEL USA INC**

Name of Corporation

DOCUMENT NUMBER: **P18000041920**

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:

Monique Troncone CPA

Name of Contact Person

Monique Troncone CPA PA

Firm/Company

55 NE 5th Ave, Suite 501

Address

Boca Raton, FL 33432

City/State and Zip Code

monique@troncone-cpa.com

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

For further information concerning this matter, please call:

Monique Troncone CPA

Name of Contact Person

at **(561) 417 0308**

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

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TALLAHASSEE, FLORIDA

**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: Castel Usa INC
2. The principal office address: 4000 Hollywood Boulevard, Suite 555-S
Hollywood, FI 33021
3. The mailing address (if different): 55 Ne 5th Avenue, Suite 501
Boca Raton FI 33432
4. Date of incorporation/qualification: 05/07/2018 Document number: P18000041920
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)
- Troncon Monique
55 Ne 5th Avenue, 505
Boca Raton FI 33432

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

Monique Troncone CPA PA

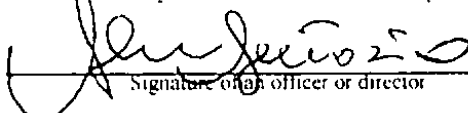
55 Ne 5th Avenue, Suite 501

P.O. Box NOT acceptable

Boca Raton, FI 33432

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.

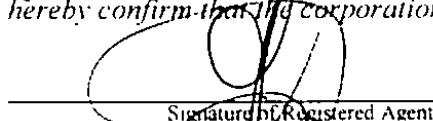


Signature of an officer or director

Alessandro Sertorio

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

06/07/2019

Date

If signing on behalf of an entity:

Monique Troncone

Typed or Printed Name

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