

P20 0000 88180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

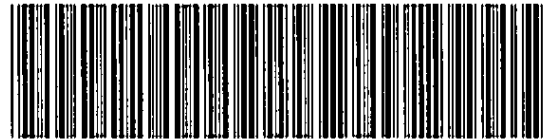
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 02 2021

A RAMSEY

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CROCE CASTILLO MANAGEMENT CORP  
Name of Corporation

**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:

Michelangelo Croce

\_\_\_\_\_  
Name of Contact Person

Croce Castillo Management Copr

\_\_\_\_\_  
Firm/Company

7900 Oak Lane, Suite 415

\_\_\_\_\_  
Address

Miami Lakes, FL 33016

\_\_\_\_\_  
City/State and Zip Code

mcroce@crocelegal.com

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

For further information concerning this matter, please call:

Michelangelo Croce

\_\_\_\_\_  
Name of Contact Person

at (786) 200-3088  
\_\_\_\_\_  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Croce Castillo Management Corp  
2. The principal office address: 7900 Oak Lane, Suite 415, Miami Lakes, FL 33016

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Nov. 3, 2020 Document number: P20000088180

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)

Trust Advisors Corporation

5781-B- NW 151 Street

Miami Lakes, FL 33013

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

Michelangelo Croce

7900 Oak Lane, Suite 415

P.O. Box NOT acceptable

Miami, FL 33016

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, for the corporation has been notified in writing of the change.

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

Michelangelo Croce/ DP

\_\_\_\_\_  
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

08/20/2021  
Date

If signing on behalf of an entity:

Michelangelo Croce

\_\_\_\_\_  
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 (04/13)