The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE:	LIZBETH CASTLE			03/18/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title F	Þ	Title	V	
Name C	CASTLE, LIZBETH	Name	CASTLE, FRANKLYN	

Address

City-State-Zip:

12569 NW 10TH COURT SUNRISE, FL 33323

#### **Current Mailing Address:**

DOCUMENT# P12000065845

**Current Principal Place of Business:** 

12569 NW 10TH COURT SUNRISE, FL 33323 US

## FEI Number: 46-0693045

### Name and Address of Current Registered Agent:

12569 NW 10TH COURT

City-State-Zip: SUNRISE FL 33323

Entity Name: CASTLE EVENTS & STAFFING INC

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

LIZBETH, CASTLE 12569 NW 10TH COURT SUNRISE, FL 33323 US

Address

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LIZBETH CASTLE

PRESIDENT

03/18/2021

Electronic Signature of Signing Officer/Director Detail

8111065253CC

# Certificate of Status Desired: No

12569 NW 10TH COURT

SUNRISE FL 33323

Date