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: ENRIQUE ACOSTA

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

105 MEDLEY, FL 3	-			
The above named	d entity submits this statement for the purpose of changing i	ts registered office or regis	tered agent, or both, in the State of	Florida.
SIGNATURE: ENRIQUE ACOSTA				03/05/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	ACOSTA, ENRIQUE	Name	ACOSTA, ESTEBAN	
Address	9401 N.W. 106 ST. 105	Address	9401 N.W. 106 ST. 105	
City-State-Zip:	MEDLEY FL 33178	City-State-Zip:	MEDLEY FL 33178	

Name and Address of Current Registered Agent:

Current Mailing Address:

C/O ENRIQUE ACOSTA 9401 N.W. 106 ST. 105 MEDLEY, FL 33178

C/O ENRIQUE ACOSTA

ACOSTA, ENRIQUE 9401 N.W. 106 ST

Title

Name

Address

City-State-Zip:

9401 N.W. 106 ST. 105 MEDLEY, FL 33178 US

SECRETARY

105

ACOSTA, ENRIQUE 9401 N.W. 106 ST.

MEDLEY FL 33178

Entity Name: FLORIDA CARRIER, INC.

Current Principal Place of Business:

FEI Number: 59-2553790

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# M17022

FILED Mar 05, 2024 Secretary of State 4167096675CC

Certificate of Status Desired: No

03/05/2024

Date