MONTICELLO,	FL 32344			
Current Mai	ling Address:			
	WAUKEENAH STREET O, FL 32344			
FEI Number: 52-2419581			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
	RELLO, PA			
The above name	I entity submits this statement for the nurnose of changing its rec	nistered office or reais	tered agent or both in the State of Eli	orida
	I entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State of Flo	
	: PAULA SPARKMAN	jistered office or regis	tered agent, or both, in the State of Flo	orida. 01/21/2021 Date
SIGNATURE	Electronic Signature of Registered Agent	jistered office or regis	tered agent, or both, in the State of Flo	01/21/2021
	Electronic Signature of Registered Agent	jistered office or regis	VTD	01/21/2021
SIGNATURE	Electronic Signature of Registered Agent Ctor Detail :			01/21/2021
SIGNATURE Officer/Direc Title	Electronic Signature of Registered Agent	Title	VTD	01/21/2021
SIGNATURE Officer/Direc Title Name	Electronic Signature of Registered Agent Ctor Detail : PSD TELLEFSEN, CARRIE ANN 880 SOUTH WAUKEENAH STREET	Title Name	VTD VOGELGESANG, DENISE P 375 QUAIL TRAIL	01/21/2021
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PSD TELLEFSEN, CARRIE ANN 880 SOUTH WAUKEENAH STREET	Title Name Address	VTD VOGELGESANG, DENISE P 375 QUAIL TRAIL	01/21/2021
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PSD TELLEFSEN, CARRIE ANN 880 SOUTH WAUKEENAH STREET	Title Name Address	VTD VOGELGESANG, DENISE P 375 QUAIL TRAIL	01/21/2021
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PSD TELLEFSEN, CARRIE ANN 880 SOUTH WAUKEENAH STREET	Title Name Address	VTD VOGELGESANG, DENISE P 375 QUAIL TRAIL	01/21/2021

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: CARRIE ANN TELLEFSEN PSD	01/21/2021
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Entity Name: CARRIE ANN & CO., INC.

Current Principal Place of Business:

880 S WAUKEENAH ST MONTICELLO. FL 32344

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 21, 2021 **Secretary of State** 5868003941CC