SIGNATURE: HEIDI BROWN Ρ

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

# 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P21000052459

Entity Name: CARRY CONCEALED SOLUTIONS, INC

#### **Current Principal Place of Business:**

7952 NORMANDY BLVD SUITE 1 JACKSONVILLE, FL 32221

### **Current Mailing Address:**

7952 NORMANDY BLVD SUITE 1 JACKSONVILLE, FL 32221

### FEI Number: 87-1009722

### Name and Address of Current Registered Agent:

BROWN, HEIDI L 7952 NORMANDY BLVD SUITE 1 JACKSONVILLE, FL 32221 US

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:

# Officer/Director Detail ·

Officer/Director Detail :			
Title	Р	Title	VP
Name	BROWN, HEIDI L	Name	FEAGLE, CHRISTINE M
Address	7952 NORMANDY BLVD SUITE 1	Address	7952 NORMANDY BLVD SUITE 1
City-State-Zip:	JACKSONVILLE FL 32221	City-State-Zip:	JACKSONVILLE FL 32221

Electronic Signature of Registered Agent

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

FILED Apr 10, 2023 Secretary of State 2662322433CC

Certificate of Status Desired: No

04/10/2023 Date

Date