that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RIGOBERTO DIAZ

Electronic Signature of Signing Authorized Person(s) Detail

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000005783

Entity Name: CARRIER SERVICES OF AMERICA, LLC.

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

2003 APPALACHEE PARKWAY SUITE 108 TALLAHASSEE, FL 32301

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

2003 APPALACHEE PARKWAY **SUITE 108** TALLAHASSEE, FL 32301 US

#### FEI Number: 46-1745274

### Name and Address of Current Registered Agent:

DIAZ, RIGOBERTO 2003 APPALACHEE PARKWAY TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

City-State-Zip: TALLAHASSEE FL 32301

Title	MGR	Title	MGR
Name	DIAZ, RIGOBERTO	Name	SALADRIGAS, CARLOS A
Address	2003 APPALACHEE PARKWAY SUITE 108	Address	2003 APPALACHEE PARKWAY SUITE 108
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301
Title	MGR		
Name	LLANES, ORLANDO T		
Address	2003 APPALACHEE PARKWAY SUITE 108		

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MEMBER MANAGER

06/12/2014

Date

Jun 12, 2014 Secretary of State CC9742234414

Certificate of Status Desired: No

FILED

Date