

**2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F23000001956

**Entity Name:** C.A.R.S. PROTECTION PLUS, INC.

**Current Principal Place of Business:**

4350 NORTHERN PIKE, SUITE 143  
MONROEVILLE, PA 15146

**Current Mailing Address:**

4350 NORTHERN PIKE, SUITE 143  
MONROEVILLE, PA 15146 US

**FEI Number:** 25-1815932

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE 2ND FL  
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

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            LACOE, LANCE MATHIEU  
Address        4350 NORTHERN PIKE, SUITE 143  
City-State-Zip: MONROEVILLE PA 15146

Title            VICE PRESIDENT  
Name            MCCONNELL, JASON PAUL  
Address        4350 NORTHERN PIKE, SUITE 143  
City-State-Zip: MONROEVILLE PA 15146

Title            SECRETARY, DIRECTOR  
Name            BLAIR, JAKE ANTHONY  
Address        40 WEST 57TH STREET 33RD FLOOR  
City-State-Zip: NEW YORK NY 10019

Title            TREASURER, DIRECTOR  
Name            HOWARTH, ROBERT JOHN  
Address        30 TWO BRIDGES ROAD, SUITE 240  
City-State-Zip: FAIRFIELD NJ 00019

*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:** JASON PAUL MCCONNELL

**VICE PRESIDENT**

**05/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date