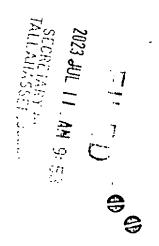
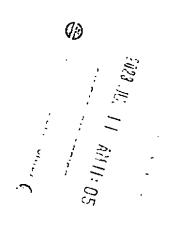


	(Requestor's Name)
	(moduosion o manne)
	(Address)
	,
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
☐ FICK-OF	MAIL MAIL
	(Business Entity Name)
	
	(Document Number)
0.4:6.4 0	C-ASS-1I Sk-h
Centitled Copies	Certificates of Status
Special Instructions to	Filing Officer:
	.15
	J. HORNE JUL 12 2023
	J. 11.2
	111 12 1000
	705

Office Use Only







Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 07/11/2023	- **WALK IN
ENTITY NAME Carter A	Associates, Inc.
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
XXXXXXXX	Plain Copy
	Certified Copy
	Certificate of Status
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION	TON
NUMBER OF CERTIFICAT	TES REQUESTED
TOTAL OWED \$ 35.00	ACCOUNT # 120160000072
Please call Tina at th	e above number for any issues or concerns. Thank you so much!

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	_
L. The name of t	the corporation: CARTER ASSOCIATES, INC	
2. The principal		_
	1708 21 ST, VERO BEACH, FL 32960	_
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 11/04/1955 Document number: 188807	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	SIMONS, GEORGE A	
	1708 21ST ST.	
	VERO BEACH, FL 32960	202
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	2023 JUL 1
	Registered Agents Inc	<u> </u>
	7901 4th St N STE 300	<u></u>
	P.O. Box NOT acceptable St. Petersburg FL 33702	
The street addre	ess of its registered office and the street address of the business office of its registered age the identical.	nt,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatur	George A Simons Fruited or typed name and title	_
I hereby accept I further agree t of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performand I am familiar with and accept the obligation of my position as registered agent. Or, if it is ingfiled merely to reflect a change in the registered office address, I hereby confirm that is been notified in writing of this change.	nce this the
Dand Schene	07/07/2023	
Sign	anature of Registered Agent Date	-
If signing on bel	chalf of an entity:	
David Robe		
Ty	'yped or Printed Name * * * ELLING REE - \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)