271452

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STATE

C. GOLDEN

JUL - 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Carroll Distributing Company

Name of Corporation

DOCUMENT NUMBER: 2/14

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. Eubank

Name of Contact Person

Carroll Distributing Company

Firm/Company

1553 Chad Carroll Way

Address

Melbourne, FL 32940

City/State and Zip Code

bhicks@carrolldist.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Hicks

..32

421-6070

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo r to change its registered office or regis	unized under the laws of the State o	f Florida	
1. The name of	the corporation: Carroll Distributin	ng Company		
2. The principal	office address: 1553 Chad Carro	ll Way, Melbourne, FL 3	2940	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 7-1-1963	Document number: 2714	52	
	I street address of the current registered timent of State: (If resigned, enter resign		with the	
	Michael J. Eubank		TAS 2	
1553 Silicon Avenue		TLAN		
	Melbourne, FL 32940		FILE 2017 JUN 29 SEURGIARY (ALLAHASSEE	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
•	Michael J. Eubank		- Si	
	1553 Chad Carroll Way	NT	_	
	Melbourne, FL 32940	я ассертавіе		
The street addre	ess of its registered office and the stree be identical.	t address of the business office of	its registered agent,	
	as authorized by resolution duly adopte ne board, or the corporation has been n			
Beverly F. Hicks, Treasurer Printed or typed name and title				
I hereby accept I further agree to performance of	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	tutes relative to the proper and co accept the obligation of my position	mplete on as registered ice address, I	
Mell	nature of Registered Agent	June 21, 2017		
(half of an entity:			
Michael J. E	Eubank			
Ty	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *