pg 3 of 16

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



Account Number : 110432003053 : (561)694-8107

Fax Number

: (561)214~8442

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	!	
-------	----------	---	--

REGISTERED AGENT CHANGE CARRIER CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

AUG 2 0 2021

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

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

	~	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware
•	-	registered agent, or both, in the State of Florida.
1. The name of t	he corporation: CARRIER CORPO	PRATION
2. The principal	office address: 13995 Pasteur Blvd,	Palm Beach Gardens, FL 33418
3. The mailing a	ddress (if different): P.O. Box 1096	515 M/S 715-01, Palm Beach Gardens, FL 33410
4. Date of incorp	poration/qualification: 09/04/1979	Document number: 843583
5. The name and		ered agent and registered office on file with the
	CT CORPORATION SYSTEM	7
	1200 S PINE ISLAND RD	
	PLANTATION, FL 33324	
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office
	United Agent Group Inc.	
	801 US Highway 1	
		P.O. Box NOT acceptable
	North Palm Beach, FL 33408	
_		street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly and board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
/-	Lavi Datan	Kevin Duteau, Attorney-in-Fact
Signatu	re of an officer or director	Printed or typed name and title
l furthér agrée i of my duties, an document is bei	to comply with the provisions of a d Lam familiar with and accept the	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
K	ari Duten	8/19/2021
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
Kevin Dutcau, S	pecial Secretary	
'n	yped or Printed Name	

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