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(Re	equestor's Name)					
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(Ad	ldress)	<u> </u>				
(Cit	ty/State/Zip/Phone	÷#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
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ARRIVED TO

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CANTER CORP. CANADA. (Name of corporation)
DOCUMENT NUMBER: F - 30 0000 48/6
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:
(Name of contact person) CARTER CORP CANADA (Firm/Company)
2610 NE 48 TR COUNT. (Address)
City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (204) 755/056 (Area code & daytime telephone number
(Name of contact person) (Area code & daytime telephone number
England in a \$25.00 shook words mayable to the Demontracent of State

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 409 E. Gaines Street Tallahassee, FL 32399

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

in orde	unge is submitted for a co er to change its registered	l office or registered	l agent, or bo	th, in the State of F	lorida.	
1. The name of	the corporation:	CARIER	asnp	CANAGA	<u></u>	
2. The principal	office address:	44 spn	nce S			
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DE MB.	R3E 21	17. L	NINNIPSF	MB.	
3. The mailing a	address (if different):					
		6 77-6	. "			
4. Date of incorp	poration/qualification:	6-6-6	Document	number:	300000	48/4
5. The name and	d street address of the cur rtment of State:					
	Corporation Servi	ce Company				
	1201 Hays Street				OS F SECF TALL!	
	Tallahassee, FL				FEB 16 CRETAR LAHASS	71
6. The name and (if changed):	d street address of the nev			•	ice E.F.	
	LEWIS	GERSHM	m.		: 36 TATE ORIE	
	2610 /	Box NOT acceptable)	x CT.		A	
	·	•				
	LICHT HOU	52 /7	LONI	01 3306	'	
The street address changed will	ess of its registered offic I be identical.	e and the street add	lress of the b	usiness office of its	s registered agent,	,
Such change want authorized by the	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	its board of ed in writing	directors or by an of the change.	officer so	
A Section of the sect	7	·-	J	ONATHAN (GENSIMM	Pres
(Signati	ure of an officer or director)			inted or typed name and t		
further agree of my duties, an locument is bei	the appointment as reg to comply with the provi nd I am familiar with an ing filed merely to reflec s been notified in writing	isions of all statutes d accept the obliga et a change in the re	gree to act in relative to	t this capacity, he proper and com sition as registered ce address, I hereb	nplete performanc d agent. Or, if thi by confirm that the	e s
100			555	(Date)		
(Si	gnature of Registered Agent)			(Date)		
	chalf of an entity:					
LEWIS	Cors Hum.					
	Typed or Printed Name)					

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