## F17 00000 3617

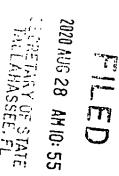
(Requestor's Name)
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(Business Entity Name)
<b>(</b> ,,
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Ja 10/12/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: August 26, 2020

Order#: 393401-008

Re: CARR, INC.

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cration organized under the laws of the State of CO fice or registered agent, or both, in the State of Florida.	-
1. The name of t	he corporation: CARR FLOI	RIDA, INC.	
2. The principal	office address: 10465 Park	Meadows Drive Suite 205, Lone Tree, CO 80124	_
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/10	Document number: F17000003617	
	I street address of the curren tment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)	
	REGISTERED AGENT S	OLUTIONS, INC.	
	155 Office Plaza Dr. Suite	e A	
	Tallahassee, FL 32301		
6. The name and (if changed):	i street address of the new re Corporation Service Com	egistered agent (if changed) and /or registered office	
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office a be identical.	nd the street address of the business office of its registered age	nt,
Such change was authorized by th	as authorized by resolution ne board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
$\sum_{i=1}^{n}$	2 COMIL	Jill Cilmi, Vice President	
I hereby accept I further agree of of my duties, an document is bei corporation has	to comply with the provisio	Printed or typed name and title  red agent and agree to act in this capacity.  ns of all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if the change in the registered office address, I hereby confirm that if this change.	nce his he
•	nature of Registered Agent	08/26/2020	
Sig	nature of Registered Agent	Date	_
If signing on be	half of an entity:		
	Asst. Vice President yped or Printed Name		

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