

F2100001541

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H22000131730 3)))



H220001317303ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

RECEIVED

2022 APR 12 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FL

REGISTERED AGENT CHANGE THE CARTER CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help **A. BUTLER**
APR 13 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE CARTER CENTER, INC.
Name of Corporation

DOCUMENT NUMBER: F21000001541

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:

JEROME

Name of Contact Person

Firm/Company

784 S. CLEARWATER LOOP

Address

POST FALLS, ID 83854

City/State and Zip Code

filings@northwestregisteredagent.com

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

For further information concerning this matter, please call:

JEROME

Name of Contact Person

at (509)

768-2249

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of GEORGIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE CARTER CENTER, INC.
2. The principal office address: 453 JOHN LEWIS FREEDOM PKWY
ATLANTA, GA 30307
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/08/2021 Document number: F21000001541
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

INCRP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NORTHWEST REGISTERED AGENT, LLC

7901 4TH ST. N STE 300

P.O. Box NOT acceptable

ST. PETERSBURG, FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Paige Alexander
Signature of an officer or director

Paige Alexander / President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Tom Glover
Signature of Registered Agent

04/11/2022

Date

If signing on behalf of an entity:

Tom Glover/Manager/Northwest Registered Agent LI
Typed or Printed Name

*** FILING FEE: \$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)

FILED
2022 APR 12 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FL