

K 80484

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARRIER'S CAREER SERVICE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** K80484

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:

ROBERT G. GALT, MS SDAD CDMS QRP BCPC  
Name of Contact Person

CARRIER'S CAREER SERVICE INC.  
Firm/Company

2001 PALM BEACH LAKES BOULEVARD #502-E  
Address

WEST PALM BEACH, FL 33409  
City/State and Zip Code

RBTGALT@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert G. Galt at ( 561 ) 371 1652  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2010

ROBERT G. GALT  
CARRIER'S CAREER SERVICE, INC.  
2001 PALM BEACH LAKES BOULEVARD #502E  
WEST PALM BEACH, FL 33409

SUBJECT: CARRIER'S CAREER SERVICES, INC.  
Ref. Number: K80484

We have received your document for CARRIER'S CAREER SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 310A00000240

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

Pursuant to the provisions of sections 607.0502, 617.9502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CARRIER'S CAREER SERVICE INC.
2. The principal office address: 2001 PALM BERACH LAKES BLVD #502E, WEST PALM BEACH,  
FLORIDA 33409
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1-18-1995 Document number: K80484
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)

SELTZ, LINDA CPA

4558 CLYDE MORRIS BLVD, SUITE 4

PORT ORANGE, FL 32129

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

SELTZ, LINDA [not a CPA]

4558 CLYDE MORRIS BLVD, SUITE 4

P.O. Box NOT acceptable

PORT ORANGE, FL 32129

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

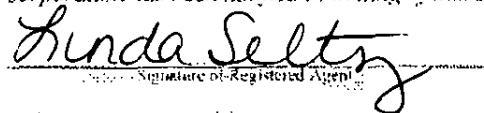
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change:

  
\_\_\_\_\_  
Signature of officer or director

Robert G. Galt, 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.

  
\_\_\_\_\_  
Signature of Registered Agent

12-28-09

Date

If signing on behalf of an entity:

FILED  
2010 JAN 22 AM 8:00  
DIVISION OF STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
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

FILED  
10 JAN 22 AM 8:51  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA