L05000054838

Evik C. Larson PA (Requestor's Name)						
243 W. Park Ave (Address)						
Suite 211 (Address)						
Winter Park F1 32789 (City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Corp address charity						
Office Use Only						



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上在27年一面的第三面第二十四年前

2005 HCV -2 A 9 2

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability compa	ny is: CARR ENTER	RPRISES, LLC		
2. The mailing address o	f the limited liabi	lity company is:		<u></u> .	
307-A NORTH HIGHWAY	27, MINNEOLA, F	L 34715			
06/20/2005			L05000054838		
3. Date of filing/registration in Florida			4. Document nun	nber	
5. The name of the regist Florida Department of6. The name and address	State: ERIK C. LARS 243 W. PARK A WINTER PARK of the new registe DARREN R. CA 307-A NORTH F	Name Name AVENUE, STE. 20 Address Address City, State and Zipered agent and/or of ARR Name HIGHWAY 27	ffice:	on the records of	f the
		ddress (P.O. Box N			
	MINNEOLA	FL 34713	5		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement.	npany is not organ hange or changes the registered ag- reby confirmed the nited liability com nt of the limited li	are made, the Flori ent will be identica hat the change(s) wan ipany or as otherwicability company.	ida street address of the case as/were authorized	of the registered of a Florida lim d by an affirmate articles of organization	l office ited ive vote
(Signature of a member or author	ized representative of a	member)		AND S	547-wild
DARREN R. CARR (Printed or typed name of signee I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby conform		ered agent and agree elative to the prope gations of my positi being filed to merely iability company ho	re to act in this ca r and complete pe on as registered a y reflect a change as been notified in	pacity. I further erformance of m igent as provide in the registere writing of this	r agree to y duties, d for in d office change.
(Signature of Registered Agent)					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00