60800010542/

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
Certified Copies	Certificates	of Status				
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Special Instructions to Filing Officer:						
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SECRETARY GE STATE HAWKES
FEB 1 1 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: CARTAY, LLC					
(Name	e of Limited Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.				
Please return all correspondence concernin	g this matter to the following:				
·					
Harry W. Carls					
(Name of Person)					
CARTAY, LLC (Firm/Company)					
` ''	•				
150 N. Westmonte Drive					
(Address)					
Altamonte Springs, FL 32714 (City/State and Zip Code)					
(
For further information concerning this ma	utter, please call:				
	•				
Bonnie Hart	at (407) 660-1040				
(Name of Person)	(Area Code & Daytime Telephone Number)				
•					
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	ter Circle Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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.	Nar	ne of the limited liability company:CA	ARTAY, LLC	•
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	150 N. Westmonte Drive Altamonte Springs, Florida 32714	0 0
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	150 N. Westmonte Drive Altamonte Springs, Florida 32714	E .
		/12/2008	L08000105421	77
3.	Dat	e of filing/registration in Florida 4	. Document number	Marie Marie
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State: 6	
		Registered Agent:	Bonnie J. Hart	F-1-16
		Registered Office Address:	850 Concourse Parkway South, Suite 105 Maitland, Florida 32751	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Registered Office address: Bonnie J. Hart	0
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	150 N. Westmonte Drive Altamonte Springs,FL_32714	
tha off her lial lim	it affice reby bilited	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	aws of the State of Florida, it is hereby confirm address of the registered office and the busine se of a Florida limited liability company, it is	SS
<u>H</u>	arry	W. Carls or typed name of signee)		
	10	by accept the appointment as registered agent and agent with the provisions of all statutes relative to the provisions of all statutes relative to the properties with and accept the obligations of my position of this document is being filed to merely reflect a clarified that the limited liability company has been notified to the province of Registered liability to the limited liability company has been notified to the province of Registered liability to the province liability to the liabi	ree to act in this capacity. I further agree to per and complete performance of my duties, as registered agent as provided for in Chapter hange in the registered office address, I hereb in writing of this change.	nd I 608, v

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