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Enclosed is a check for the following a	amount:		
Tallahassee, Florida 32301			
2661 Executive Center Circle	Tallahassee, Florida 32314		
Cliffon Building	Division of Corporations P.O. Box 6327		
Division of Corporations	Registration Section		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:		
Name of Person		Area Code & Daytime Telepho	one Number
Joel Silverman	406 _ at (449-4829)	
For further information concerning this matter,	please call:		
E-mail address: (to be used for future annu	ial report noti	fication)	
julie@mttaxlaw.com			
City/State and Zip Code			RIDA RIDA
Helena, MT 59604			F STATE
Address			333S
P.O. Box 4423		<u></u>	AHAS
Firm/Company			¥177 3608 9 1
Silverman Law Office, PLLC			<u></u>
Name of Person			
Joel Silverman			
Please return all correspondence concerning thi	is matter to the	e following:	
		_	
The enclosed Registered Agent/Registered Offi	ice Changa an	d foote) are submitted for filling	
Dear Sir or Madam:		, ,	
SUBJECT:	ne of Limited	Liability Company	
CART Enterprises, LLC			
TO: Registration Section Division of Corporations			

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: CART Enterp	orises, LLC		<u> </u>
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite	d liability company:
	4263 Bay Beach Lane #1011	4263 E	Bay Beach Lane #1	1011
	Fort Myers Beach, FL 33931	Fort M	yers Beach, FL 33	931
	8/16/18	L18000	196623	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
•	Registered Agent and Registered Office shown on the records of Tim Carson	the Florida Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET 4263 Bay Beach Lane #1011	ADDRESS)	_	SEC 48
	Fort Myers, FL	33931	_	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Tim Carson	1 Office address:	_	LIFELD 15 PM 5: 02 WY OF STATE SSEE, FLORIDA
	NEW Registered Office Address:		_	16 82
	4263 Bay Beach Lane #1011		<u> </u>	
	Fort Myers Beach , FI.	33931		
agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of clearn organization or the operating agreement of the nurse of a member or authorized representative of a member of	ws of the State of F f the registered offic ability company, it of the limited liabili limited liability co Tim Carson	ce and the business of is hereby confirmed to ity company or as other or typed name of the confirmed or typed name o	fice of the registered hat the change(s) erwise provided in
X	and Comments	hereby confirm tha	t the limited liability c	ument is veiny jited company has been
Signatu	re of Registered Agent			