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Division of Corporations Fax Number : (850)617-6380 From: Account Name : CORPORATE CREATIONS INTERNATIONAL INGE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	AU6	Email A	ddress:			
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REGISTERED AGENT CHANGE CARRIER INTERNATIONAL CORPORATION

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $\frac{1}{2}$ egistered agent, or both, in the State of F	Delaware	is	
	the corporation: Carrier International			· · · · · · · · · · · · · · · · · · ·	
2. The principal	office address: 13995 Pasteur Blvd, I	Palm Beach Gardens, FL 33418			
•	address (if different):				-
4. Date of incorp	poration/qualification: 05/16/1985	Document number: P06066			_
	I street address of the current register trment of State: (If resigned, enter re	red agent and registered office on file wi signed)	th the		
	CT CORPORATION SYSTEM				
	1200 S PINE ISLAND RD		_		
	PLANTATION, FL 33324		.		
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /or registered off	SECRE	2021 AUG	-
	United Agent Group Inc.		TA:	_	_
	801 US Highway I		SEE.	9 -	
	P	O. Box NOT acceptable	. <u>T</u>	¥ į	_
	North Palm Beach, FL 33408			PH 12: 52	_
The street addre	ess of its registered office and the s be identical.	treet address of the business office of its	7	1 🔾	
Such change wa authorized by th	as authorized by resolution duly ad- ne board, or the corporation has been	opted by its board of directors or by an en notified in writing of the change.	officer so		
/-	Lani Data	Kevin Duteau, Attorney-in-Fact			
Signatu	re of an officer or director	Printed or typed name and fit	le		
l Jurther agree i of my duties, an document is bei	to comply with the provisions of all ad I am familiar with and accept the	nt and agree to act in this capacity. I statutes relative to the proper and come e obligation of my position as registered in the registered office address, I hereb ange.	a avent. C	Jr. II this	
\mathcal{K}	ari Duten	8/19/2021			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Kevin Duteau, S _I	pecial Secretary				
Ty	yped or Printed Name				
	* * * FILING	G FEE: \$35.00 * * *			