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JUN 12 2019 C Kinsey

COVER LETTER

Division of Corporations PVCARR INTERIOR TRIM INC P07000029158 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: Phillip V Carr Sr Name of Contact Person **PVCARR INTERIOR TRIM INC** Firm/Company 7633 Bentwillow Dr Address Jacksonville, FL 32244 City/State and Zip Code phillipvc36@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Phillip Carr

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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

TO:

Amendment Section

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

statement of cha	ange is submitted for a corpora	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida see or registered agent, or both, in the State of Florida.	_
		INTERIOR TRIM, INC	
2. The principal	office address: 7633 Bent	willow Drive, Jacksonville, FL 32244	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 3/5/20	007 Document number: P070000299158	
5. The name and Florida Depar	I street address of the current retirement of State: (If resigned, en	registered agent and registered office on file with the iter resigned)	
	Phillip V Carr Jr		
	11211 5	Military Trail Apt #5114	
	pototor	stered great (if shapped) and for maintained a Rich Mills	
6. The name and (if changed):		stered agent (if changed) and /or registered office	
		CO Box NOT acceptable	
		unville, FL 32044	
The street addresses changed will	ss of its registered office and be identical.	the street address of the business office of its registered age	nt.
Such change was authorized by the	s authorized by resolution dul- e board, or the corporation has	ly adopted by its board of directors or by an officer so is been notified in writing of the change.	
Ph. 14 C	an Sk	Phillip Carr Sr	_
I hereby accept to I further agree to performance of to agent. Or, if this	o compty with the provisions only duties, and I am familiar w s document is being filed mere	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.	
Pulla		Phillip Carr Jr	
Signa If signing on beh	ature of Registered Agent	Date	-
organing on och	an or an entry.		
Тур	ped or Printed Name	_	
	***FIL	LING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)