## PO7000 110 988

(Re	equestor's Name)			
(Ad	ldress)	-		
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800335132378

10/0. 19--0101/--005 \*\*35.00

2019 OCT -2 PH 12: 21

OCT 1 8 2019 C Kinse,

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Carter Grant General Contractor, Inc.				
Name of Corporation				
DOCUMENT NUMBER: P07000110988				
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:				
Carter Grant				
Name of Contact Person				
Carter Grant General Contractor, Inc.				
Firm/Company				
1586 GOLDEN HARVEST LANE				
Address				
NAPLES, FL 34109				
City/State and Zip Code				
cgrant@cartergrantgc.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Carter Grant Name of Contact Person at (239 ) 253-0702 Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section  Street Address: Amendment Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida a organized under the laws of the State of registered agent, or both, in the State of	<u>r_Florida</u>		
1. The name of the corporation: Carter Grant General Contractor, Inc. 2. The principal office address: 1586 GOLDEN HARVEST LANE, NAPLES, FL 34109					
3. The mailing a	address (if different):			_	
4. Date of incor	poration/qualification: 10/08/20	Document number: P070	00110988		
	d street address of the current regis rtment of State: (If resigned, enter i	tered agent and registered office on file vresigned)			
	Carter Grant		\$`` 2019 OCT ``₹λ.L.L		
	1586 GOLDEN HARVEST	LANE, NAPLES, FL 34109	2	•	
6. The name and (if changed):	d street address of the new registere  Michael R. D'Onofrio, E	ed agent (if changed) and /or registered o	PH 12: 26	•	
	The D'Onofrio Law Firm	<del></del>	_		
	P.O. B	ite 328, Naples, FL 34109	-		
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of i	its registered agent,		
Such change wa authorized by th	as authorized by resolution duly ac no board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so		
_(art)	He of an officer of director	Carter Grant, Presiden			
l further agree ( performance of agent. Or, if th	to comply with the provisions of a my duties, and I am familiar with		m as registered		
Man / Sim	nature of Reportered Agent	September 27, 2019			
, -	half of an enuty:	Date			
Michael R.	D'Onofrio, Esq.				
Ty	yped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAVABLE TO FLORIDA DEPARTMENT OF ST