P080000035808

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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900242941509

RA address Change

12/21/12--01019--007 **35.00



12/2/12

COVER LETTER

TO: Amendmer Division of	nt Section f Corporations		
The Carreira Company			
	Name of Corp	oration	
DOCUMENT NU	мвек:Р0800002	5808	
The enclosed State	ment of Change of Registered Office/A	agent and fee are submitted for filing.	
Please return all co	rrespondence concerning this matter to	the following:	
	Jack D A	twood	
_	Name of Contact	et Person	
The Carreira Company			
	Firm/Comp	pany	
214 N. Woodland Blvd.			
•••	Addres	S	
DeLand, FL 32720			
	City/State and 2	Zip Code	
datwood72@gmail.com			
-	E-mail address: (to be used for futu	re annual report notification)	
For further informa	ation concerning this matter, please cal	l:	
	-	at (407) 792-9278 Area Code & Daytime Telephone Number	
Nai	ne of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.0	00 check made payable to the Departme	ent of State.	
	Mailing Address:	Street Address:	
	Amendment Section Division of Corporations	Amendment Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

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

statement of change is s	ons of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this submitted for a corporation organized under the laws of the State of Florida
	inge its registered office or registered agent, or both, in the State of Florida. The Carroira Company
1. The name of the corp	
2. The principal office a	address: 214 N. Woodland Blvd., DeLand, FL 32720
3. The mailing address	(if different):
4. Date of incorporation	Vqualification: 03/11/2008 Document number: P08000025808
	address of the current registered agent and registered office on file with the of State: (If resigned, enter resigned)
Jack	D. Atwood
613	of State: (If resigned, enter resigned) D. Atwood Cruz Bay Circle
Wint	er Springs, FL 32708
6. The name and street (if changed):	er Springs, FL 32708 address of the new registered agent (if changed) and /or registered office
Jack	D. Atwood
214	N. Woodland Blvd. P.O Box NOT acceptable
DeLa	and, FL 32720
The street address of it as changed will be iden	s registered office and the street address of the business office of its registered agent, atical.
Such change was authorized by the board	rized by resolution duly adopted by its board of directors or by an officer so d, or the dorporation has been notified in writing of the change.
Julia	Jack D. Atwood, VTD
I hereby accept the apple of further agree to comperformance of my dutagent. Or, if this documents of the confirmation that the	pointment as registered agent and agree to act in this capacity, oly with the provisions of all statutes relative to the proper and complete ies, and I am familiar with and accept the obligation of my position as registered ment is being filed merely to reflect a change in the registered office address, I be corporation has been notified in writing of this change.
Ni Supplier of	Registered Agent Date
If signing on behalf of	
JACK D. ATT	NOPO

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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