

P140000 82178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

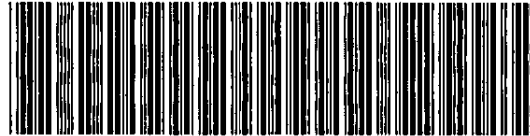
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300288382893

10/03/16--01032--005 **35.00

RECEIVED
OCT 11 2016

2016 OCT -3 P 3:28

FILED

T. L. FINEUX

OCT 06 2016

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARVE COMMUNICATIONS, INC.
Name of Corporation

DOCUMENT NUMBER: P14000082178

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:

DAVID BARKE
Name of Contact Person

CARVE COMMUNICATIONS, INC.
Firm/Company

9172 ABBOTT AVE
Address

SURFSIDE FL 33154
City/State and Zip Code

DAVID@CARVECOMMS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BARKE at (917) 359 7222
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
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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CARVE COMMUNICATIONS, INC.
2. The principal office address: 9172 ABBOTT AVE, SURFSIDE, FL 33154
3. The mailing address (if different): 7300 BISCAYNE BLVD. SUITE 200
MIAMI, FL 33137
4. Date of incorporation/qualification: 10/6/14 Document number: P14000082178
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

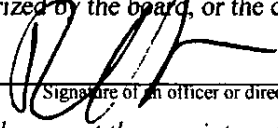
9172 ABBOTT AVE
SURFSIDE FL 33154

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

2809 POINCIANA CIRCLE
COOPER CITY FL 33026
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

DAVID BARNES

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

9/28/16

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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