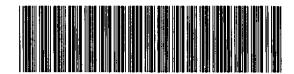
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Carter Distribution Inc. Name of Corporation |
| DOCUMENT NUMBER: 21600087905 |
| 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: |
| Buddy E. Carter Name of Contact Person Carter Distribution Inc. |
| Firm/Company |
| 1251 Sw Jacqueline Ave |
| Port Scity/State and Zip Code FL 34953 |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Buddo E. Carter at 772 979-4134 Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

Tallahassee, FL 32314

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 in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: (a) (b) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d |
| 2. The principal office address: 1251 Sw Jacqueline Avenue |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: Dit. 31, 2016/Document number: P16000087905 |
| 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) |
| Corporation Service Company |
| 1201 Hays Street |
| lallahasee, HZ 32301 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Buddy E. Carter |
| Part Saint Lucle, FL 34953 |
| 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. |
| Spenature of an afficer or director action Buddle E Carter - undirector |
| 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 regislered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent Onto 1151 |
| 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
CR2E045 (03/12)