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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : TRIPP SCOTT, P.A.
Account Number : 07535000065
Phone : (954)525-7500
Fax Number : (954)761-8475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mmm@trippscott.com

REGISTERED AGENT CHANGE
CARPAU CORP.

Certificate of Status	0
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A. LUNT

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H21000270620
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: CARPAU CORP.
2. The principal office address: 575 ANCIOTE ROAD, TARPON SPRINGS, FL 34689
3. The mailing address (if different): PO BOX 1870, TARPON SPRINGS, FL 34688
4. Date of incorporation/qualification: 11/21/1995 Document number: P95000090422
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)

DONALD R. HALL

28050 U.S. HWY, 19 N, SUITE 402

CLEARWATER, FL 33781

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

CHRISTINE YATES

110 SE SIXTH STREET, SUITE 1500

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33301

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

Helen Jo Cahalin, President

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

6/9/12

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
CR28045 (04/13)

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