

P99 0000038961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

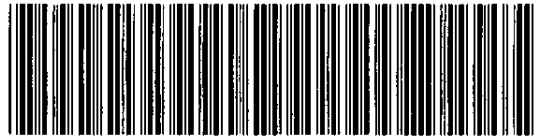
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D.S.S. Corp.

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08 MAR 31 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA chg.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2008

DIANNE SAUVE
%ACC
7100 BELVEDERE RD
WEST PALM BEACH, FL 33411

SUBJECT: FOURTEEN CARROTS, INC.
Ref. Number: P99000038961

We have received your document for FOURTEEN CARROTS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2003 annual report. The entity must be reinstated before this document can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 108A00014546

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOURTEEN CARROTS, INC
(Name of Corporation)

DOCUMENT NUMBER: P 99000038961

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:

DIANNE SAUVE

(Name of Contact Person)

c/o ACC

(Firm/Company)

7100 Belvedere Rd

(Address)

WEST PALM BEACH FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

DIANNE SAUVE

(Name of Contact Person)

at (561) 233 1251

(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: FOURTEEN CARROTS INC
2. The principal office address: 7100 Belvedere Road
West Palm Beach Florida 33411
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/1999 Document number: P 99000038961
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

RAYMOND SAUVE
17156 SHEFFLAND LANE
LOXAHATCHEE, FL 33470

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

DIANNE SAUVE
7100 Belvedere Road
(P.O. Box NOT acceptable)
West Palm Beach Florida 33411

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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]
(Signature of an officer or director)

RAYMOND J SAUVE Pres
(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]
(Signature of Registered Agent)

3.3.08
(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
CR2E045 (8/05)

PLEASE ALSO CHANGE DIRECTORS ADDRESS TO
7100 Belvedere Road West Palm Beach FL 33411