# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSHUA DURST

Electronic Signature of Signing Authorized Person(s) Detail

#### Name and Address of Current Registered Agent:

DURST & JORDAN CPA PA 4459-B HWY 90 PACE, FL 32571 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE: JOSHUA DURST

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title MGR Name DURST, JOSHUA 3773 COTTON GIN LANE Address City-State-Zip: PACE FL 32571

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and 02/03/2021

MEMBER

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT# L19000013624

# Entity Name: CLARITY HEALTHCARE SOLUTIONS CAPITAL LLC

#### **Current Principal Place of Business:**

3773 COTTON GIN LANE PACE, FL 32571

#### **Current Mailing Address:**

4459-B HWY 90 PACE. FL 32571 UN

# FEI Number: 83-3111951

Certificate of Status Desired: No

02/03/2021

Date

Date

## FILED Feb 03, 2021 Secretary of State 2230248662CR