

F040000000081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

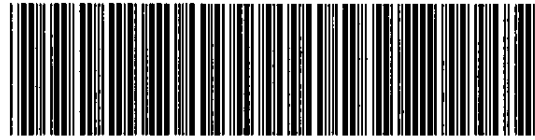
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700136119607

09/22/08--01035--019 **35.00

RA to chg

FILED
08 SEP 22 PM 12:01
CLERK OF STATE
TALLAHASSEE, FLORIDA



September 19, 2008

Division of Corporations
Florida Department of State
Clifton Building
P.O. Box 6327
Tallahassee, FL 32314

RE: Clarity Imaging Technologies, Inc.

Dear Filing Officer:

Please file the attached change of agent form for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read "Victor Alfano". The signature is fluid and cursive, with a large, sweeping 'V' and 'A'.

Victor Alfano
Vice President

Encl.

16055 Space Center Blvd., Suite 235
Houston, TX 77062

16055 Space Center Blvd., Suite 235
Houston, TX 77062
800-862-5438 - phone
281-286-5902 - fax
www.ncservicestx.com

TRUSTED INNOVATIVE EXPERIENCED



NATIONAL
REGISTERED
AGENTS, INC.

Member of the NRAI Affiliate Network

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clarity Imaging Technologies, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F04000000081

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:

Victor Alfano

(Name of Contact Person)

National Corporate Services, LLC

(Firm/Company)

16055 Space Center Blvd., Suite 235

(Address)

Houston, TX 77062

(City/State and Zip Code)

For further information concerning this matter, please call:

Victor Alfano

(Name of Contact Person)

at (800) 862-5438

(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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Clarity Imaging Technologies, Inc.
2. The principal office address: 75 Cadwell Dr. Suite A
Springfield, MA 01104
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/26/2003 Document number: F04000000081
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Erica O'Connell

1304 Emerald Hill Way

Valrico, FL 33594

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

NRAI Services, Inc.


2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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)

Peter Corritani, Jr.
(Printed or typed name and title)
CEO and President

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)

September 19, 2008

(Date)

If signing on behalf of an entity:

Victor Alfano, Vice President

(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)

FILED
08 SEP 22 PM 12:01
DEPT. OF STATE
TALLAHASSEE, FLORIDA