

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H130001565763)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

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date of submission 7/12

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850) 878-5368

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

Email	Address:			

REGISTERED AGENT CHANGE CLARITY SERVICES, INC.

R. WHITE

Certificate of Status	0
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Page Count	04
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July 15, 2013

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

CLARITY SERVICES, INC. 311 PARK PLAZA BLVD., SUITE 330 CLEARWATER, FL 33759

SUBJECT: CLARITY SERVICES, INC.

REF: F08000004648

RE-SUBMIT Please retain original filing date of submission 7/12

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Rebekah White Regulatory Specialist II

FAX Aud. #: H13000156576 Letter Number: 013A00017142

P.O BOX 6327 - Tallahassec, Florida 32314

COVER LETTER

	of Corporations	
CLA SUBJECT:	rtty services, inc.	·
	Name of Corpo	iration
DOCUMENT N	F08000004648 TUMBER:	
The enclosed Sta	tement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return alt	correspondence concerning this matter to	the following:
	Name of Contac	r Person
	CT Corporation System	
	Firm/Comp	any
	1200 South Pine Island Road	
	Address	,
	Plantation, Florida 33324	·
	City/State and 2	Jip Code
	CT-statecommunications@wolterskluwer.co	
	E-mail address: (to be used for futu	re annual report notification)
For further infor	mation concerning this matter, please call	:
Angela Lamaruge	-	855 . 316-8944
	lame of Contact Person	Area Code & Daytime Telephone Number
	5.00 check made payable to the Departme	ent of State.
Enclosed is a \$3	· · · · · · · · · · · · · · · · · · ·	

CR2B045 (03/12)

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 Delawate in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CLARITY-SERVICES, INC.
2. The principal office address: 15550 Lightwave Dr 350 CLEARWATER, FL 33760
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/27/2008 Document number: F08000004648
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)
Lorraine e ansley
15550 Lightwave Dr 350 CLEARWATER, FL 33760
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT soceptable
Plantation, Florida 33324
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.
The was Charles at Com
Signature of air officer or director Printed or typed name and tible
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provinions 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.
By: 6/6/2013
Signature of Reglatered Agent Date
If signing on behalf of an entity:
Sierra Bunts Vice Procident & Assistant Secretary I you 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)

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