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CORPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE : 206272 7886643

AUTHORIZATION :

COST LIMIT :

ORDER DATE : 06-29-12

ORDER TIME : 9:49 AM

ORDER NO. : 206272-010

CUSTOMER NO: 7886643

CHANGE OF AGENT

NAME: CLARITY ADVANTAGE CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Massachused der to change its registered office or registered agent, or both, in the State of Florida.	its
1. The name of	of the corporation: CLARITY ADVANTAGE CORPORATION	
2. The principal	al office address:	
28-B Junct	ction Square Drive, Concord, MA 01742	
-	g address (if different):x 1429, Concord, MA 01742	<u></u>
	prporation/qualification: 05/24/2011 Document number: F11000002216	
	nd street address of the current registered agent and registered office on file with the sartment of State:	
	NRAI Services, Inc.	
	515 East Park Avenue	
	Tallahassee, FL 32301	
6. The name and (if changed):	±8 €	<u></u>
	SSE 20	
	1201 Hays Street	
	(P.O. Box NOT acceptable) Tallahassee, FL 32301	O
The street address changed will	ress of its registered office and the street address of the business office of its registered all be identical.	igent,
Such change wa	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
_swa	Nicholas T Miller, President	
I hereby accept I further agree to finy duties, and document is bei corporation has Carporation By: (Signing on bei	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete perform and I am familiar with and accept the obligation of my position as registered agent. Or, eing filed merely to reflect a change in the registered office address, I hereby confirm the us been notified in writing of this change. Signature of Registered Agenti When the complete perform the proper and complete p	nance if this it the
Grace E. Kirb		
(1)	(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)