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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

Fax Number

: (850)222-1092 : (850)878-5368

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

Rmail	Address:	 	 	 	 
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REGISTERED AGENT CHANGE CLARITYFORCONSUMERS.COM, INC.

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## **COVER LETTER**

ro: Amendment Section Division of Corporations	
CLARITYFORCONSUMERS.COM, INC	
Name of Co	rporation
F12000000409 DOCUMENT NUMBER:	·
The enclosed Statement of Change of Registered Office	p/Agent and fee are submitted for filing.
lease return all correspondence concerning this matter	_
. Name of Con	itact Person
CT Corporation System	
Firm/Co	mpany
1200 South Pine Island Read	
Addr	COSS
Plantation, Florida 33324	
City/State an	d Zip Code
CT-statecommunications@wolterskluwe	r.com
E-mail address: (to be used for fi	uture annual report notification)
For further information concerning this matter, please of	cali:
Angela Lamaruggina	855 316-8944 at ( )
Name of Contact Person	Area Code & Daytime Telephone Number
Inclosed is a \$35.00 check made payable to the Depart	iment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Taliahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

" ARE . PRINCIPLE WARM Plane College

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 Deliware
in order to change its registered office or registered agent, or both, in the State of Florida.
I. The name of the corporation: GLARITYFORCONSUMERS.COM, INC
2. The principal office address: 15550 Lightwave Drive Suite 350 CLBARWATER, FL 33760
3. The mailing address (if different): P.O. BOX 7485 CLEARWATHR, FL 33758-7485
J. 110 maning measure (it distribute).
4. Date of incorporation/qualification: 01/27/2012 Document number: F12000000409
<ol><li>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)</li></ol>
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSBB, FL 32301-2525
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 Roed
P.O. Box NOT couppehia
Plentation, Fiorida 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.
HOMEN A STREET OF GROUND SIGNATURE OF SA STREET OF GROUND REAL STREET OF STR
I hereby accept the appointment as relativeed agent and agree to act in this capacity. I further agree to camply 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.
By: Signature of Registered Agent U/10/2013
If signing on behalf of an entity:
Sierra Burris  Vice Freeldent & Analstant Secretary  Vice Freeldent & Analstant Secretary
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314