

LO7000103712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

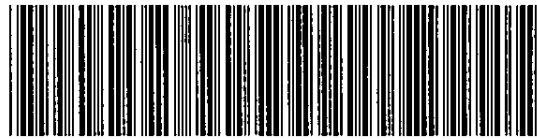
LO7000103712

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC -5 PM 12:49

FILED

S. HAWKES

DEC 08 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2008

JANICE NULL
375 N STEPHANIE ST SUITE 1411
HENDERSON, NV 89014-8909

SUBJECT: CLARITY POOL SERVICE LLC
Ref. Number: L07000103712

We have received your document for CLARITY POOL SERVICE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 108A00056605

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLARITY POOL SERVICE LLC
(Name of Corporation)

DOCUMENT NUMBER: L07000103712

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:

Janice Null
(Name of Contact Person)

Incorp Services, Inc.
(Firm/Company)

375 N. Stephanie St., Suite 1411
(Address)

Henderson, NV 89014-8909
(City/State and Zip Code)

For further information concerning this matter, please call:

Janice Null/ Incorp Services, Inc. at (702) 866-2500 ext. 2027
(Name of Contact Person) (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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CLARITY POOL SERVICE LLC

2. (a) Principal office address of limited liability company: 209 BENTBOUGH DRIVE
LEESBURG FL 34748 US
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 209 BENTBOUGH DRIVE
LEESBURG FL 34748 US
(Note: **MAY BE POST OFFICE BOX**)

10/11/2007

L07000103712

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CORPORATION SERVICE COMPANY

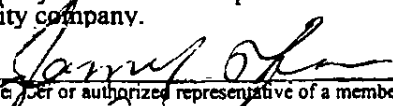
Registered Office Address: 1201 HAYS STREET SUITE 105
TALLAHASSEE FL 32301 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Incorp Services, Inc.


NEW Registered Office Address: 17888 67th Court North
(MUST BE FLORIDA STREET ADDRESS) Loxahatchee, FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

James Ryan
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00