LU90000 22042

(Requestor's Name)		
(Address)		
(Ad	dress)	
, (Cit	y/State/Zip/Phon	e #)
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	·	
CLID ID COT.	ClearTrust, LLC	
UBJECT: Clear Frust, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	office Change and fee(s) are submitted for filing. this matter to the following:	
Kara Kennedy	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Name of Person	· ·	
ClearTrust, LLC		
Firm/Company		
17961 Hunting Bow Cir, Ste 1	02	
Lutz, FL 33558 City/State and Zip Code		
kara@cleartrusttransfer.con E-mail address: (to be used for future annual report n	n	
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter	er, please call:	
Kara Kennedy	at (813) 235-4490	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

S , , ,		
1. Name of the limited liability company:	ClearTrust, LLC	
2. (a) Principal office address of limited liability company	17961 Hunting Bow Cir, Ste 102	
(Note: MUST BE STREET ADDRESS)	Lutz, FL 33558	
(b) Mailing address of limited liability company:	17961 Hunting Bow Cir, Ste 102	
(Note: MAY BE POST OFFICE BOX)	Lutz, FL 33558	
3/6/09	L09000022042	
	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of States	
Registered Agent:	Juan Osorio	
Registered Office Address:	3837 Northdale Blvd, Ste 114 Tampa. FL 33624	
NEW Registered Agent: NEW Registered Office Address:	Juan Osorio 17961 Hunting Bow Cir, Ste 102	
(MUST BE FLORIDA STREET ADDRESS)	Lutz ,FL 33558	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
Kara Kennedy Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property of the property	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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

INHS18 (05/08)