Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone

: (307)200-2803

: (855)330-1010 Fax Number

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Emai	i 1	Address:

## LLC REGISTERED AGENT CHANGE CLEAR FINANCIAL STRATEGIES, LLC

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D SCOTT

JUL 5 2017

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change us registered office or registered agent, or both, in the State of Florida

1 Na	me of the limited liability company: _CLEAR FINA	ANCIAL STR	ATEGIES, LLC
2. (a)	822 HWY A1A	(b)	4724 OAK LEAF DR
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Marting address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 310		NAPLES, FL 34119
	PONTE VEDRA BEACH, FL 32082	<del>-</del>	
	07/19/2016		L16000135704
3,	Date of filing/registration in Florida	4.	Document number
5. (a)	ELSA L BRONTON		
	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State.
	4724 OAK LEAF DR		- <del></del>
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	
	NAPLES FI	. 34119	
	1771 200		,
(b)	Registered Agents Inc.		
, ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	3030 N. Rocky Point Dr.	<del></del>	
	NEW Registered Office Address.		
	STE 150A		
	Tampa, F	ı, 33607	
the ch agent was/w the art	fimited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members sicles of organization or the operating agreement of the	n the registered liability compan of the limited li	y, it is hereby confirmed that the change(s) lability company or as otherwise provided in
	Ribbay tick		Riley Park
	autre of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to med	ely accept the appointment as registered agent and a sions of all statutes relative to the proper and complet digations of my position as registered agent as provided why reflect a change in the registered office address, and in writing of this change.	gree to act in thi e performance ( led for in Chapte I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signat	ure of Registived Agent		