216000149391

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000340675950

02/24/20--01011--003 +*25.00

T GLASS MAR 1 4 2020

COVER LETTER

Division of Corporations			
Clarity Lab Solutions LLC SUBJECT:			
	nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Jason Lustig			
Name of Person			
Clarity Lab Solutions LLC			
Firm/Company			
1060 Holland Dr., Ste A			
Address			
Boca Raton, FL 33487			
City/State and Zip Code			
jhustig@claritydiagnostics.com			
E-mail address: (to be used for future annual repor	rt notification)		
For further information concerning this matter, please ca	all:		
Jason Lustig 56	5! 288-9028		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount	:		
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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 its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Clarity Lab Sol	lutions L	LC		
2. (a)	Clarity Lab Solutions LLC		(b)	Clarity Lab	Solutions LLC
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1060 Holland Dr., Ste A			1060 Hollar	nd Dr., Ste A
	Boca Raton, FL 33487			Boca Raton	. FL 33487
	February 12, 2020		I	_1600014939) 1
3.	Date of tiling/registration in Florida	4.	_	ſ	Document number
5. (a)				
•	Registered Agent and Registered Office shown on the records Daniel Leger	of the Flo	orida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDR	ESS)	 	
	8359 Bermuda Sound Way				207
	Boynton Beach	FL_3343	6		20 F1
	·				;;; 2
(b)					
	Enter name of NEW Registered Agent and/or NEW Register	ress:	A		
	Richard Simpson				2020 FL 3 24 AN 10: 33
	NEW Registered Office Address:				ω
	1060 Holland Dr., Ste A				
			_		
	Boca Raion	FL	7		
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of the member icles of organization or the operating agreement of the street of the str	he regis liability s of the he limite	tereo cor limi ed li	d office and upany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Sign	uture of a member or authorized representative of a member				Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect afchange in the registered office address, admirting of this change.	igree to te perfo ded for t I hereby	act i rma in Ci v coi	in this capac nce of my di hapter 605, njirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed are limited liability company has been
	uré of Registered Agent		3.e.	ж. и з	DI 1814