

L17000153360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

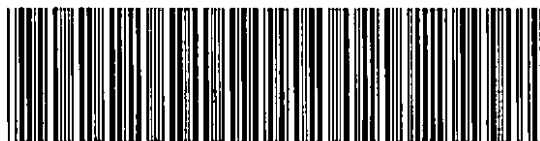
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2 SIMMONS  
DEC 14 2017

**COVER LETTER**

TO: Registration Section  
Division of Corporations

**SUBJECT: Clarity Pool, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person: Scott Young  
Firm/Company: Clarity Pool  
Address: 13349 Thoroughbred Drive  
City/State and Zip Code: Dade City, FL 33525  
E-mail address: [claritypools175@gmail.com](mailto:claritypools175@gmail.com)

For further information concerning this matter, please call:  
Scott Young at (813 ) 334-7597

**: MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327,  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

X \$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. Name of the limited liability company: Clarity Pool, LLC  
2. (a) 13349 Thoroughbred Dr. Dade City, FL 33525 (b) 13349 Thoroughbred Dr. Dade City, FL 33525  
Principal office address of limited liability company: Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 9/25/2017 4. Document number: L17000153360

5. (a) Young, Scott D

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

**Registered Office Address (MUST BE FLORIDA STREET ADDRESS)**

7335 Idlewood Dr.

Webster, FL 33597

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

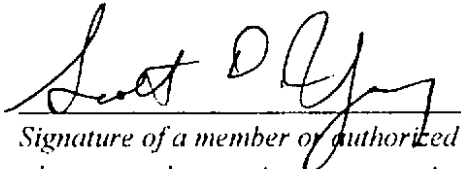
NEW Registered Office Address:

13349 Thoroughbred Dr

Dade City, FL 33525

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TALLAHASSEE, FLORIDA

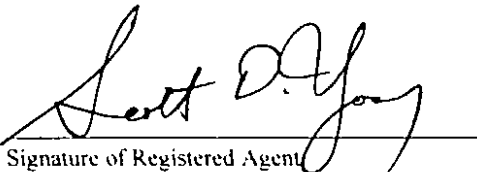
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.



Scott D. Young

*Signature of a member or authorized representative of a member. 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 605, 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