

L17000196757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

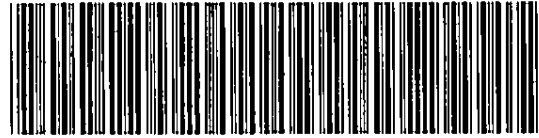
(Business Entity Name)

(Document Number)

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2018 APR 14 P 3:02
FALLAVERSHAM, FLORIDA

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5/17/18 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clarity Stewards, 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:

Vernon White

Name of Person

Clarity Stewards, LLC

Firm/Company

11705 Boyette Road, PMB 148,

Address

Riverview, FL 33569

City/State and Zip Code

CLARITYSTEWARDS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vernon White

813

906-6360

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2018 APR 14 P 3:02
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

**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.

Clarity Stewards, LLC

1. Name of the limited liability company: Clarity Stewards, LLC

2. (a) 11705 Boyette Road (b) P.O. Box 405

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

PMB 148,

Riverview, FL 33568

Riverview FL 33569

09/21/17

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3. Date of filing/registration in Florida

4. Document number

Vernon White

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
11032 Pond Pine Drive, FL

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

Riverview 33569
, FL

Vernon White

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

11705 Boyette Road

NEW Registered Office Address:

PMB 148

Riverview 33569
, FL

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.

Vernon White

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00