L18000179318

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	JDEG	#3		
	CCT - 0 2	2023		

Office Use Only



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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations				
SUBJECT: CLEAR BUSINESS CONSULTING LLC Name of Limited Liability Company				
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Patrick Ahern				
Name of Person				
Clear Business Consulting, LLC				
Firm/Company				
943 Normandy Trace Rd				
Address	· · · · · · · · · · · · · · · · · · ·			
Tampa, FL 33602				
City/State and Zip Code				
ateam777@gmail.com				
E-mail address: (to be used for future annu-	al report notification)			
For further information concerning this matter, p	olease call:			
Patrick Ahern	561 866-9000 at ()			
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			
Enclosed is a check for the following a	Tallahassee, FL 32303 imount: S55 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 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.

I. Na	ame of the limited liability company: CLEAR BUSINI	ESS CONSULTING	LLC
2. (a)	CLEAR BUSINESS CONSULTING LLC	(b) CLEAR BUSINESS CONSULTING LLC	
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6212 Bridgevista Dr	6212 B	ridgevista Dr
	Lithia, FL 33547	Lithia,	FL 33547
	07/26/2018	L180001	79318
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Kelly Ahern		
). (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of S	State: 202
	Kelly Ahem		CRE
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	FIL. SECRETARY SECRETARY
	6212 Bridgevista Dr		
	Lithia	33547	FILED SEP 22 AM IO: 26 RETARY OF STATE
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(b)	Patrick Ahem		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	
	Patrick Ahern		
	NEW Registered Office Address:		
	943 Normandy Trace Rd		
	Tampa , F	L33602	
change agent v was/wo	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered office iability company, of the limited liab	and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I	operformance of n	ny duties, and I am familiar with and accept
Signatu	re of Registered Agent		