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(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:						

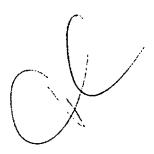
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COVER LETTER

Division of Corporations		
CLAIRITY REAL ESTATE, I SUBJECT:	.L.C	
50base 1.	Name of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	d Office Change and	I fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the	following:
Robert Gaylord		
Name of Person		
CLAIRITY REAL ESTATE, LLC		202
Firm/Company		2 JUL
3805 Reflection Dock Drive		2022 JUL I I AM 9: 07
Address		
Seffner/Florida 33584		9: 07
City/State and Zip C	ode	
rgaylord@mail.usf.edu		
E-mail address: (to be used for futur	e annual report notif	fication)
For further information concerning this m	atter, please call:	
Rgaylord@mail.usf.edu	443 at (805-8368
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 follo	wing amount:	
■ \$25 Filing Fee	D \$	55 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.

1.	Na	me of the limited liability company: CLAIRITY REAL	ESTA	ATE, I	LLC		
2. (a	1)	Robert Gaylord		(b) F	Robert Gay	ylord	
	-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)_	.\	dailing address of limited liability company; **CNote: MAY BE POST OFFICE BOX**	
		3805 Reflection Dock Drive		3805 Reflection Dock Drive			
		Seffner/FL 33584	-	S	Seffuer FL 33584		
		6/22/2022		L2	20000634	58	
3.		Date of filing/registration in Florida	.			Document number	
5. (a)	a)	Robert Gaylord					
	,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Robert Gaylord				!!	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7918 Chestnut View Drive			2022		
		Lakeland , FL 33810			FILED 2022 JULII M 9: 07		
)	Robert Gaylord					
	-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
		Robert Gaylord			07		
		NEW Registered Office Address:			-	-	
		3805 Reflection Dock Drive				-	
	Seffner 33584						
chan agen was/ the a	ge t v	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of elector organization of the operating agreement of the l	registe bility f the l imited	ered o comp imite d liab	office and pany, it is d liability	If the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in apany.	
•		ture of a member of authorized representative of a member				Printed or typed name of signee	
prov	isi 11	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of ne-position as registered agent as provided ely reflect a change in the registered office address. I ha I in writing of this change.	erfor	mane o Ch	e of my a	luties, and I am Jamiliar with and accept E.S. Or, if this document is being filed.	
Sign		re of Registried Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00