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LLC REGISTERED AGENT CHANGE CLARITY SCIENTIFIC SOLUTIONS LLC

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M. SOLOMON

OCT - 9 2024

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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:	ntific Solutions	LLC				
2. (a)	777 Brickell Ave. Ste 500-96729		777 Brickell Ave, Ste 500				
\-1	Principal office address of limited liability company: (Sote: MUST BE STREET ADDRESS)		limited liabih E POST OFFI		-		
	Miami, FL 33131		Miami, FL	. 33131			
	09/14/2022		L220004023	303			
 (a) 	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document nur	nber		
(b) _	Registered Agent and Registered Office shown on the record 476 Riverside Ave.	ls of the Florida	Dept. of State	- ::			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		-	SEC.	2024 OCT -8	energe.
	Jacksonville	, FL_32202			至	3 - 8	PERSON PERSON E
	Corporate Creations Network Inc.				So En	PH	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				STATE	3: 52	U
	801 US Highway 1 NEW Registered Office Address:	 					
	North Palm Beach	, FL_33408					
enange agent v was/we	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the street authorized.	the registered d liability cour rs of the limit	office and pany, it is ed hability	the business of hereby confirm company or as	ffice of the r	register change	ed (s)
	Kristen Espinales	Kriste	n Espinales	, Attorney-in-Fa	l et		
Signat	ure of a member or authorized representative of a member			Printed or typed r	ame of signee		
provisie the obli to mere	y accept the appointment as registered agent and ons of all statutes relative to the proper and comple gations of my position as registered agent as provi by reflect a change in the registered office address, I in writing of this change.	agree to act in ele performan ided for in Ch , I hereby con	this capa ce of my d apter 605, firm that th	city. I further outies, and I am F.S. Or, if this we limited liabi	gree to con Jamiliar wit document i lity company	iply wit h and o s being · has bo	h the iccept filed gen
	Kristen Espinales Kristen Espinales, Special Secretar	ry					
Signatur	e of Registered Agent						

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