# M1900000012H

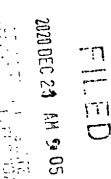
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





600356697326





CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32201

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 577264 8260356							
AUTHORIZATION: Synchole man							
COST LIMIT : \$ 25.00							
ORDER DATE : December 17, 2020							
ORDER TIME : 1:14 PM							
ORDER NO. : 577264-040							
CUSTOMER NO: 8260356							
CHANGE OF AGENT							
NAME: CLARION MANAGEMENT SOLUTIONS, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker							

EXAMINER'S INITIALS:

#### **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Division of Corporations Clarion Management Solutions, LLC SUBJECT: 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 Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \_) \_\_\_\_\_ Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$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	ame of the limited liability company: Clarion Manager	ment Solu	itions, LLC	; 
( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	735 Primera Blvd., Suite 210, Lake Mary FL 32746	_	P.O. Box	1902, Addison, TX 75001
2	01/03/2019		и1900000	
3.	Date of filing/registration in Florida	4.		Document number
	Registered Agent and Registered Office shown on the records of to Cary H. Smith  Registered Office Address (MUST BE FLORIDA STREET AD 1540 Glenway Drive)	<u> </u>		-
	Tallahasee	32301	<del>-</del>	高 一
(b)	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company	Barber 23 Horlo		
	NEW Registered Office Address:	0		
	1201 Hays Street		·	
	Tallahassee, FL_	32301		_
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the l	registered bility con f the limit limited lia	l office and ipany, it is ed liability	d the business office of the registered shereby confirmed that the change(s) we company or as otherwise provided in
Signal	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change.	ee to act i. performan I for in Cl ereby con	n this capa ice of my a iapter 605, ifirm that t	icity. I further agree to comply with the hities, and I am familiar with and accept, F.S. Or, if this document is being filed he limited liability company has been
Signatu	re of Registered Agent			



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2020

CSC

RESUBMIT

Please give original submission date as file date.

Letter Number: 620A00025886

SUBJECT: CLARION MANAGEMENT SOLUTIONS, LLC

Ref. Number: M19000000121

We have received your document for CLARION MANAGEMENT SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	o. :	12000000195					
REFEREN	CE :	577264	8260356				
AUTHORIZATIO	: ИС						
COST LIM	IT :	\$ 25.00					
ORDER DATE : December 17,	2020						
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ORDER NO. : 577264-040							
CUSTOMER NO: 8260356							
CHANGE OF AGENT							
NAME: CLARION MAI LLC	NAGEME:	NT SOLUTIO	DNS ,				
PLEASE RETURN THE FOLLOWING	AS PR	OOF OF FII	ING:				
CERTIFIED COPY PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Bal	cer						
	EXAMI	NER'S INII	CIALS:				

#### **COVER LETTER**

то:		stration Section sion of Corporations						
SUBJI	ECT:	Clarion Management Solutions, L	.LC					
		Name of Limited Liability Company						
Dear S	Sir or M	∕ladam:						
The en	closed	l Registered Agent/Registered Off	ice Chang	ge and fe	e(s) are submitted for filing.			
Please	return	all correspondence concerning th	is matter	to the fo	llowing:			
		Name of Person		<del></del> -	-			
					_			
		Firm/Company						
	<del></del>	Address			_			
		City/State and Zip Code			-			
		Chyronic and Exp Code						
E	E-mail	address: (to be used for future ann	ual repor	t notifica	ation)			
For fur	ther in	nformation concerning this matter,	please ca	ali:				
			at (		)			
		Name of Person			Area Code & Daytime Telephone Number			
		ling Address:			Street Address:			
		istration Section			Registration Section			
		sion of Corporations Box 6327			Division of Corporations The Centre of Tallahassee			
		ahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Encl	osed is a check for the following	amount:	:				
	€ \$2	25 Filing Fee		□ \$55	Filing Fee & Certified Copy			
INHS18	8 (2/14	)						

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l.	Na	me of the limited liability company: Clarion Manage	ement S	olution	ns, LLC			
2.	(a)			(b)				
	` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of	of limited liability SE POST OFFICE	y compan	ıy:
		735 Primera Blvd., Suite 210, Lake Mary FL 32746		P.0	O. Box 1902, Addisor	n, TX 75001		
		01/03/2019	_ <del>-</del>	M19	9000000121			
3.		Date of filing/registration in Florida	4.		Document nu	mber		
5.	(a)							
	` '	Registered Agent and Registered Office shown on the records of Cary H. Smith		da Depi	t. of State:			
		Registered Office Address (MUST BE FLORIDA STREET  1540 Glenway Drive						
		Tallahasee, FI	32301		<del></del>	•		
	(b)				<del> </del>	35.C	2020 DEC 2 <b>3</b>	<del>-</del> -j
		Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		Corporation Service Company						i
		NEW Registered Office Address:		AH IO				
		1201 Hays Street					9:10	
		Tallahassee , FI	32301			,,,	0.	
cha age	ange ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited limited by the authorized by an affirmative vote of the members of organization or the operating agreement of the	registe ability of of the linited	red of ompai mited	fice and the business ny, it is hereby confir liability company or ity company.	office of the r	egister change(	ed (s)
	ignat	ure of a member or authorized representative of a member				name of signee	_	
pro the to	ovișie obli mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I it is writing of this change.	ree to ac perforn d for in hereby c	et in th nance Chapi confiri	iis capacity. I further of my duties, and I a ter 605, F.S. Or, if th n that the limited liab	r agree to com m familiar with his document i bility company	iply wit h and a s being has be	h the sccept filed en
Sic	ינומתי	e of Registered Agent						