

Division of Corporations Electronic Filing Cover Sheet

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> Division of Corporations Fax Number : (850)617-6383

From:

To:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

<u>---</u> ני LLC REGISTERED AGENT CHANGE CLEARENT, LLC r. -Certificate of Status Û 2622 Di. Certified Copy L DEC 2 8 2022 Page Count 02 A. LUNT Estimated Charge \$55.00

2022 DEC 27

AM II:

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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. No	nme of the limited liability company: CLEARENT, I	LLC				
2. (a)	1625 S. CONGRESS AVE.		(b) 1330 OLI	VE BLVD.		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE : 400		SUITE : 2	00		
	DELRAY BEACH, FL 33445		CREVE C	OEUR. MO 63141		
	06/29/2020		M2000005896			
3.	Date of filing/registration in Florida			Document number		
5. (a) (b)	CORPORATION SERVICE COMPANY					
	Registered Agent and Registered Office shown on the records of the Florida Dept, of State 1201 HAYS STREET			-		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				202	-
	TALLAHASSEE	FL		-	2022 DEC 27	
	C T Corporation System					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			-	AM 11: 2	
	NEW Registered Office Address:			-		•
	1200 South Pine Island Road					
	Plantation	FL				
the cha agent v was/we	imited liability company is not organized under the labelity company is not organized under the lage or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of t	of the re liability s of the l	gistered office company, it is imited liabilit	e and the business office s hereby confirmed that v company or as otherwi	of the re	gistered refs)
	s/OLGA KHVATSKAYA	0	LGA KHVATS	SKAYA		
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. Thereby confirm that the limited liability company has been notified in writing of this change. By: JOE DAVIS, ASST. SECRETARY

Bv:

Signature of Registered Agent

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