H23000012428

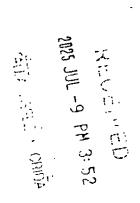
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE JUL 10 2025					

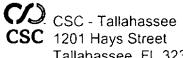
Office Use Only



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2025 JUI -9 PH 3: 10





Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 07/09/25

Order #: 3959256-10

Re: CLEARWATER SUPPORT SERVICES, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25 - FL State Account Number: I2000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

L N	lame of the limited liability company: CLEARWATER	R SUPPOR	RT SERVICES, LLC		
2. (a)	455 PINELLAS ST STE 400	(b)	(b) 455 PINELLAS ST STE 400		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	:	
	CLEARWATER, FL 33756		CLEARWATER, FL 33756		
	09/27/2023		M23000012428		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	CT CORPORATION SYSTEM				
J. (u)	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND RD				
	Registered Office Address (MUST BE FLORIDA STREET	2025 JUL -9 PH			
	PLANTATION, F	L_33324	JUL -9 PH	. ,	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	<u></u>	·		
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee, F	L32301			
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered liability con of the limit	ed office and the business office of the registered impany, it is hereby confirmed that the change(s ited liability company or as otherwise provided	d a)	
	/S/ Nick Zaunbrecher	Nick	Zaunbrecher, Authorized Person		
•	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet digations of my position as registered agent as provid rely reflect a change in the registered office address, l ed in writing of this change.	gree to act i e performar ed for in Ch Thereby con	in this capacity. I further agree to comply with unce of my duties, and I am familiar with and ac hapter 605, F.S. Or, if this document is being f onfirm that the limited liability company has bee	the scept filed n	
	/S/ Grace E. Kirby ure of Registered Agent				

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

INHS18 (2/14)