

Division of Corporations

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N12000009006

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**REGISTERED AGENT CHANGE
CLARITY SERVICES FOUNDATION FOR CONSUMER CREDIT
EDUC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

C. LEWIS

JUL 23 2013

EXAMINER

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CLARITY SERVICES FOUNDATION FOR CONSUMER CREDIT EDUC

COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: CLARITY SERVICES FOUNDATION FOR CONSUMER CREDIT EDUCATION, INC

Name of Corporation

N12000009006

DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

CT Corporation System

Film/Company

1200 South Pine Island Road

Address

Plantation, Florida 33324

City/State and Zip Code

CT-statecommunications@wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Lamaruggine

B55

316-8944

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clinton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2B045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CLARK COUNTY SERVICES FOUNDATION FOR CONSUMER CREDIT EDUCATION, INC.

2. The principal office address: 15550 LIGHTWAVE DRIVE, SUITE 350 CLEARWATER, FL 33760.

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/19/2012 Document number: N12000009006

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CHRISTOPHER J PHABY

15550 LIGHTWAVE DRIVE, SUITE 350

CLEARWATER, FL 33760

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Timothy Rannex, Director
Typed or Printed Name

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 obligation of my position as registered agent. On this document is being filed merely to reflect a change in the registered office address. I hereby certify that the corporation has been notified in writing of this change.

C T Corporation System

By: [Signature]
Signature of Registered Agent

6/6/2013
Date

If signing on behalf of an entity:

Sierra Burns
Vice President & Assistant Secretary
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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