

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000001776

**Entity Name:** CLEARSENSE, INC.

**Current Principal Place of Business:**

9995 GATE PARKWAY NORTH, SUITE 210  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

9995 GATE PARKWAY NORTH, SUITE 210  
JACKSONVILLE, FL 32246 US

**FEI Number:** 46-5023285

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HENDERSON, MATTHEW  
9995 GATE PARKWAY NORTH, SUITE 210  
JACKSONVILLE, FL 32246 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            ROSE, JASON  
Address        9995 GATE PARKWAY NORTH, SUITE  
                  210  
City-State-Zip: JACKSONVILLE FL 32246

Title            PRESIDENT  
Name            FIELD, KEVIN  
Address        9995 GATE PARKWAY NORTH, SUITE  
                  210  
City-State-Zip: JACKSONVILLE FL 32246

Title            SECRETARY  
Name            HENDERSON, MATT  
Address        9995 GATE PARKWAY NORTH, SUITE  
                  210  
City-State-Zip: JACKSONVILLE FL 32246

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MATTHEW HENDERSON

**SECRETARY AND  
GENERAL COUNSEL**

02/15/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date