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(((H19000159027 3)))



H190001590273ABC

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## LLC REGISTERED AGENT CHANGE CLARKSTONE LLC

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## H19000159037 3

## 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 Standes, 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. N	ame of the limited liability company: CLARKSTON	E LLC		
2. (a)	* * *	(b)	I	
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  18350 JUPITER LANDINGS DRIVE	_ (*)	1	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	JUPITER, FL 33458	<del></del>		
		<b>_</b>		
	08/30/2018 .		L1800020	08482
3.	Date of filing/registration in Florida  LEGALING CORPORATE SERVICES INC.	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of t	he Elecida	Dest of Sist	- ar
	5237 SUMMERLIN COMMONS BLVD STE		Debr or 21st	e:
				-
	Registered Office Address (MUST BE FLORIDA STREET A	DDKESS.	Ł	<b>5</b> 6
	FORT MYERS ,FL	33907		
(b)	ROCKET LAWYER CORPORATE SERVICE	ES LLC		
(*)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	<b>*</b>
	155 OFFICE PLAZA DRIVE, 1ST FLOOR			9 33 33
	NEW Registered Office Address:			- · · · · · · · · · · · · · · · · · · ·
	T			-
	TALLAHASSEE ,FL	32301		_
the chagent was/v	limited liability company is not organized under the laviange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lievere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reginability confideration of the limited I	stered offic empany, it is ited liability iability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
I her provi the oi to me notifi	eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to act perform d for in ( hereby co	in this cap ance of my Chapter 60. onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signa	Mrs of Registered Agent			