Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

REGISTERED AGENT CHANGE

LIVINGSTON INVESTMENT PROPERTIES, LLC

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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 608.416 or 608.508, 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. The name of the limited liability company is: LIVINGSTON INVESTMENT PROPERTIES, LLC 2. The mailing address of the limited liability company is: 2200 LUCIEN WAY STE 340, MAITLAND, FL 32751 L08000013248 Effective 2/1/2008 Date of filing/registration in Florida 4. Dooument number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Rebecca H. Forest, Esq. Name 1000 Legion Place, Suite 1700 Address Orlando, FL 32801 City, State and Zip 6. The name and address of the new registered agent and/or office: William R. Lowman, Jr., Esq. Name 1000 Legion Place, Suite 1700 Florida street address (P.O. Box NOT acceptable) Orlando 32801 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) Rebecca H. Forest, Authorized Representative (Printed or typed name of signee) appointment as registered agent and agree to act in this capacity. I further agree to visions of all statutes relative to the proper and complete performance of my duttes, ith and agree it the obligations of my position as registered agent as provided for in this document it being filed to merely reflect a change in the registered affice infirm that the lumited liability company has been notified in writing of this change. comply with the Chapter (Signature of Registered Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

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