

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Account Name Account Number Phone Fax Number	: HENDERSON, : 07541000217 : (239)344-11 : (239)344-12	FRANKLIN, : 2 00 00	STARNES &	EDORIDA BORIDA	100	D
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FAX AUDIT NO.: H13000241116 3

1. Name of the limited liability company: Livingston and Pina Ridge, LLC

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.

2. (a) Principal office address of limited liability company								
(Note: MUST BE STREET ADDRESS)	State 500							
	Baltimore, MD 21209							
(b) Mailing address of limited liability company:	1427 Clarkview Road							
(Note: MAY BE POST OFFICE BOX)	Suite 500	<u> </u>	20					
	Baltimore, MD 21209	177 T						
U1/14/2010	L10000005470	323	130					
3. Date of filing/registration in Florida	4. Document number	SS	30					
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept	of State:	K					
Registered Agent:	David K. Fowler	in the contract of						
Registered Office Address:	Henderson Franklin Starres & Holl, PA	至至	~~ ૐ					
ŭ	1648 Perlwinkle Way, Suite 8		ெ					
	Senibel, FL 33957							
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1715 Monroe Street							
	1715 Monroe Street							
(MUST BE TEORIDA STREET ADDRESS)	Fort Myers	.FL 33901						
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identificability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Michele A. Williams Printed or typed name of signee I hereby accept the appointment as registered agent and agroundly with the provisions of all statutes relative to the province of an amount of the provisions of all statutes relative to the provisions of the provisions of all statutes relative to the provisions of the limited liability company. Signature of Registered Agent	orida street address of the regi- cal. Or, in the case of a Florid was/were authorized by an aff e provided in the articles of or	stered office a limited irmative vo ganization o	te of or					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00								

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