## L12000004417

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SECRETARY OF STATE TALLAHASSEE, FLORID

D. BRUCE
SEP 1 1 2012
EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: W. LIVINGSTON	√, LLC
	ted Liability Company
Dear Sir. or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
PETER DIZUZIO  Name of Person	
Firm/Company  1969 S. ALAFA YA THL #21  Address	49 ARECRE
City/State and Zip Code	
My fro Diby Real Ton @ Hoti E-mail address: (to be used for future annual report notific	MAIL.Cyn
For further information concerning this matter, p	please call:
	(407) 256-1833
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following as	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

## 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.

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agent, or both, in the State of Florida.	
1. Name of the limited liability company:	LIVINGSTON, LLC
2. (a) Principal office address of limited liability company	: 1969 S. Alfryn The Hzu
(Note: MUST BE STREET ADDRESS)	Onlando FL 32828
(b) Mailing address of limited liability company:	1969 S. ALNFAYA TM #240
(Note: MAY BE POST OFFICE BOX)	onlando 2.32828
3. Date of filing/registration in Florida	L1200000 4417 → NEW SE A SE
5. (a) Registered Agent and Registered Office shown on a	
Registered Agent:	Dominich ABitino 50
Registered Office Address:	1969 S. ALNFOYA MEL # 240 onlando pe 32828
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> NEW Registered Agent:	PETER DIZUZIO
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1969 S. ALAFAYA TRL #240 ORLANG FL 32828 ,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	_
Dominick ABITHE	_
Printed or typed name of signee	The second secon
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proud and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	

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