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To:

Division of Corporations

Fax Number : (850)617-6383

From:

<u>:</u>:::

2022 AUC 25

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE LIVINT, LLC

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AUG 26 2022

K. Brumble

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 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. Na	ame of the limited liability company: LIVIN	T, LLC	
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/24/2017		L17000220034
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MOZLIN, DANIEL		
J. (a)	Registered Agent and Registered Office shown on the reco	ords of the Florida Dej	ept. of State:
	382 NE 191ST ST		
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	
	#97104		
		2217	
	MIAMI	_, FL3317	Ary
	Northwest Registered Agei	nt I I C	022
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		2022 AUG
			5 25 ASS
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		PH 4: 00
	St. Petersburg	_{.FL} 33702	
the cha agent v was/wa	limited liability company is not organized under tange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limiere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ess of the register ted liability comp bers of the limited	red office and the business office of the registere pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in
	Margan Pather		Morgan Noble
Signa	nure of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as prely reflect a change in the registered office address in writing of this change.	plete performance ovided for in Cha ess, I hereby confi	ce of my duties, and I am familiar with and acce apter 605, F.S. Or, if this document is being file firm that the limited liability company has been
101	Tom Glover - Assi	istant Secretary —	ry
Signatu	ire of Registered Agent		