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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE : 729769 4313323 AUTHORIZATION : AUTHORIZATION : COST LIMIT : \$25.00 ORDER DATE : May 9, 2023 ORDER TIME : 8:11 AM ORDER NO. : 729769-030 CUSTOMER NO: 4313323 CHANGE OF AGENT NAME: REUBEN LIVINGSTON LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: TYPE DIATM STAMPED CODY						
COST LIMIT : \$25.00 ORDER DATE : May 9, 2023 ORDER TIME : 8:11 AM ORDER NO. : 729769-030 CUSTOMER NO: 4313323 CHANGE OF AGENT NAME: REUBEN LIVINGSTON LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY			ACCOUNT NO	. :	12000000	0195
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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY						
CERTIFIED COPY		NAME:	REUBEN LIVI	NGSTO	N LLC	
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EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	EUBEN LIVINGSTON LLC
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Charles M. LeSchack	
Name of Person	
Cummings & Lockwood LLC	
Firm/Company	
Six Landmark Square, 9th Floor	
Address	
Stamford, CT 06901	
City/State and Zip Code	
cleschack@cl-law.com	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, pl	ease call:
Charles M. LeSchack	203 351-4418 at ()
Name of Person	Area Code & Daytime Telephone Numbe
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following an	nount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. N	ame of the limited liability company:REUB	EN LIVINGS	TON LLC		
2. (a)		(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			iling address of limite Note: MAY BE POS	ed liability company:
	9833 COVENT GARDEN DRIVE		9833 COVE	NT GARDEN DRI	IVE
	ORLANDO, FL 32827		ORLANDO,	FL 32827	
	4/6/2018			L18000085094	
3.	Date of filing/registration in Florida	4.	Do	ocument number	
5 (a)					
J. (a)	Registered Agent and Registered Office shown on the records	s of the Florida	Dept. of Sinte:		
	CLASP INC.				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS			
	3001 TAMIAMI TRAIL NORTH, 4TH FLOOR				
	NAPLES	EI 34103			22
		. r.L			2023 MAY
(b)					***
•	Enter name of NEW Registered Agent and/or NEW Register	red Office ado	<u>ress</u> :		
	Corporation Service Company				
	NEW Registered Office Address:				- Jan
	1201 Hays Street				<u> </u>
	Tallahassee	FL ³²³⁰¹			
If tha li	mited liability company is not organized under the		Canan of Closid	- 14 (- 15 - 1	6
change agent w was/we	or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the member cless of organization of the operating agreement o	the registered I liability corrs of the limi	l office and th apany, it is he and liability co	e business office reby confirmed the ompany or as other	of the registered hat the change(s) erwise provided in
Signat	ure of a member or authorized epresentative of a member		Pri	inted or typed name o	f signee
provision in the oblination of	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple gations of my position as registered agent as providing reflect a change in the registered office address, in writing of this change in the registered office address, which is a constant of the c	agree to act i de performa ded for in Ci I hereby coi	n this capacit ace of my duti aapter 605, F. afirm that the	y. I further agree es, and I am fami S. Or, if this doc limited liability co	to comply with the liar with and accept ument is being filed ompany has been