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LLC REGISTERED AGENT CHANGE LIVINGSTON INTERNATIONAL PROFESSIONAL SERVICES, LLC

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MAY 20 2019

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.

			PROFESSIONAL SERVICES, LLC		
i. [H]					
· / -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		
	12/05/2018	 М180000	[104]		
	Date of filing/registration in Florida	4.	Document number		
5. (a)	CORPORATION SERVICE COMPANY		Document number		
	Registered Agent and Registered Office shown on the records	of the Florida Dept. of St	ate:		
	Registered Office Address (MUST BE FLORIDA STREE				
	1701 HAYS STREET				
	TALLAHASSEE	FL	_		
	Enter name of NEW Registered Agent and/or NEW Register C T Corporation System NEW Registered Office Address:		<u> </u>		
	1200 South Pine Island Road		 -		
		FL ³³³²⁴			
he char gent we vas we he artic	Plantation mited liability company is not organized under the rige or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the unit of a member or authorized representative of a member	laws of the State of leading the registered officiability company, it is of the limited liability control of the limited liability of Justin Maroldi	Florida, it is hereby confirmed that after ice and the business office of the register t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Printed or typed name of signee		
geny we article signature of the state of th	Plantation mited liability company is not organized under the need or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the second control of the contr	laws of the State of both cregistered office liability company, it is of the limited liability of Justin Maroldi liability control of the performance of medical control of the ded for in Chanter 6	Florida, it is hereby confirmed that after fice and the business office of the register is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Printed or typed name of signee apacity. I further agree to comply with the property duties, and I am familiar with and acceptable. The fifthis document is being file.		

Division of Corporations* P.O. Box 6327* Tallahassee, FL 32314 PILING FEE: \$25.00