F23000001538

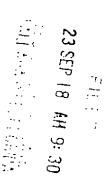
(Requesto	or's Name)			
(Address)	-			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing (Officer:			
	J 400 % ±			
	OCT 10 2023			





600415713286

09/18/23--01020--007 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: HIGHLAND MANAGEMENT GROUP Name of Corporation	F, INC.
DOCUMENT NUMBER: F23000001538	
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Samantha Jackson	
Name of Contact Person	
Meriam Corporate Services, Inc.	
Firm/Company	
PO Box 52588	
Address	
Mesa AZ 85208	
City/State and Zip Code	
Sam@meriamfinancial.com	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, p	please call:
Samantha Jackson	318.8456
Name of Contact Person	at (720) 318.8456 Area Code & Daytime Telephone Numbe
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

${\color{blue} \blacktriangle}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	change is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of greatered agent, or both, in the State of I	Maryland	
1. The name	of the corporation: HIGHLAND MANA	AGEMENT GROUP, INC.		
	pal office address: 10500 University Cen			
3. The mailin	ng address (if different): 10500 Universi	ty Center Dr Ste 130 Tampa FL 33612		
4. Date of inc	Date of incorporation/qualification: 02/23/23 Document number: F23000001538			
	and street address of the current register partment of State: (If resigned, enter re	ered agent and registered office on file wesigned)	rith the	
	DESMOND MCNELIS			
	5027 W LAUREL ST		_	
	TAMPA, FL 33067		23	
6. The name (if changed	and street address of the new registered	d agent (if changed) and /or registered of	SEP 18	
	DESMOND MCNELIS		3.	
	10500 University Center Dr Ste 130		9. 3. 3. 3.	
		P.O. Box NOT acceptable	<u>`</u> ` 0	
	Tampa FL 33612		_	
The street ad as changed w	ldress of its registered office and the s vill be identical.	street address of the business office of i	ts registered agent,	
Such change	was authorized by resolution duly advite board, or the corporation has be	lopted by its board of directors or by an en notified in writing of the change.	officer so	
1 de		DESMOND MCNELIS, PRESIDE		
Sign	sature of an officer or director	Printed or typed name and t		
I further agre of my duties, d <u>ocum</u> ent is	ept the appointment as registered age ec to comply with the provisions of al and I am familiar with and accept th being filed merely to reflect a change has fleen notified in writing of this ch	l statutes relative to the proper and cor se obligation of my position as registere in the registered office address, I here	mplete performance ed agent. Or, if this by confirm that the	
pr	Vallah	09.01.2023		
	Signature of Registered Agent	Date		
If signing on	behalf of an entity:			

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name