L04000004757

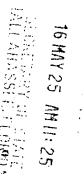
(Re	questor's Name)					
(Ad	dress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



200286037262

05/25/16--01003--027 **25.00



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Highland Properties, LLC Name 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 matter to the following:					
Enoch Chao Name of Person					
Reeve Management UC					
PO BOX 75 1139					
Address					
Flushing NY 11375 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Enoch Chao at (718, 544°2303					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
\$25 Filing Fee \$\text{Certified Copy}\$					
NHS18 (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 No	me of the limited liability company: High land	LProper	ties	LLC		
	the of the fillined habitity company.			•		····
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(Note: N	dress of limited lis	<u>FFICI</u>	E BOX)
	12443 San Jose Blud, Ste 604	·		751		
	Jacksonville, FL 32223	Flu	shi	ng N	<u>Y</u>	(1375-
	1/20/2004	_	040	0000 4	35	3
3.	Date of filing/registration in Florida 4.	-	Docume	ent number		
5. (a)	Mitchell, Charles J. Jr		_			
	Registered Agent and Registered Office shown on the records of the Flor	ida Dept. of Stat	e:			
-	1516 F. Hillcrest Street		_			
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	<u>(SS)</u>				
	guite 210		_			
	Orlando, FL 3	2803	_			
(b) .	Michael Moses		_		16	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>	address:		American A American American American American A American American American American A American American American American A American A A A A A A A A A A A A A A A A A A A	Ŕ	
	12443 San Juse Blud.		-		יים דני	tonis T
	NEW Registered Office Address:			7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	II.	
	Ste 604		-		- -	N. T.
	Jackson Ville , FL 3	22-23		5 d	ד	
16 dh a 11				. h	.	
the char agent w was/we	mited liability company is not organized under the laws of tinge or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the l	gistered office company, it i imited liabilit	e and the s hereby of y compar	business office confirmed that	e of th the c	ne registered hange(s)
ine arm	cles of freahization or the operating agreement of the limite		och	Ch.		
Signat	ure of a member or authorized representative of a member	C/N		r typed name of si	gnee	·
I hereb provision the oblit to mere notified	by accept the appointment as registered agent and agree to a cons of all statutes relative to the proper and complete perforgations of my position as registered agent as provided for it by reflect a change in the registered office address, I hereby in writing of this change.	nct in this cap mance of my n Chapter 605 confirm that			_	ply with the h and accept being filed has been