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K SALY

COVER LETTER

TO: Registration Section **Division of Corporations**

HIGHLAND PROPERTIES LLC Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

Enoch Chao Name of Person Highland Properties UC PO BOX 15 1139 Flushing NY 11375

reevemant @ q mail (.Com. E-mail address: (if be used for future adnual report notification)

For further information concerning this matter, please call:

Evio Ch Chao at 646, 580 - 7407. Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: **Registration Section Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32303

MAILING ADDRESS: **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, Florida 32.314

Enclosed is a check for the following amount:

S25 Filing Fee

💢 \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: _HIGHCAND PRIPERTIES LIC 2. (a) AFFINITY AT WINTER PARK (Office) Affinity at Winter Park (office) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 600 NORTH SEMORAN BLUD 600 NORTH SEMORANB WINTER PARK, FL32792 WINTER PARK, FL32792 600 NORTH SEMORAN BLUD 3. <u>MOSES</u>, <u>MICHAEL</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5. (a) Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 12443 SAN JOSE BLUD, STE 604 JACKSONVILLE , FL 32223 PH 9: RIHI WENZEL (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: inity at Winter Patk 600 NORTH SEMORAN BLUD WINTER PARK ,FL. 32792 If the limited liability company is not organized under the laws of the State of Flori da, it is hereby confirmed that after

the change or changes are made, the Florida street address of the registered office, and the business office of the registered agent will be identical. Or, in the case of a Florida limited fiability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Enoch Cl

Signatore of a member or authorized representative of a member

1 used or typed name of signer

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duries, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing a this change.

Signature of Refusie La gent

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