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Office Use Only



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FILLU 12 NOV -8 PM 5: 02 SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

_{subject:} Highland Financial Group, 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:

Arlene Zayas

Name of Person

Highland Financial Group, LLC

Firm/Company

100 E. Linton Blvd. Suite 307B

Address

Delray Beach, FL 33483

City/State and Zip Code

arlene@highlandfg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arlene Zayas

...561

265.5541

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 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 608.416 or 608.508, 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. 1	Nar	me of the limited liability company: Highland Financial Group	, LLC	
2. ((a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	100 E. Linton Blvd. Suite 307B Delray Beach, FL 33483	
((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	100 E. Linton Blvd. Suite 307B Delray Beach, FL 33483	
	Dat	//26/2006 e of filing/registration in Florida	L06000008993	
		Registered Agent and Registered Office shown on the		of State:
		Registered Agent:	Arlene Zayas	
		Registered Office Address:	950 Peninsula Corporate Circle Suite 2016 Boca Raton, FL 33487	
((b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	/ Registered Office address:	
		NEW Registered Agent:		
		NEW Registered Office Address: 3 (MUST BE FLORIDA STREET ADDRESS)	118 Florida Bird.	106
		, , , , , , , , , , , , , , , , , , , ,	Delray Beach	,FL_33483
and liab the the	the ility me operature	imited liability company is not organized under the land that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the regis cal. Or, in the case of a Florida was/were authorized by an affi	Tered office Timited Traditional
	1	by accept the appointment as registered agent and age with the provisions of all statutes relative to the proving amiliar with and accept the obligations of my poster 608, F.S. Or, if this document is being filed to mers, I hereby confirm that the limited liability company of Registered Agent ()	ree to act in this capacity. I fu per and complete performance ition as registered agent as pr ely reflect a change in the regi has been notified in writing of	- irther agree to of my duties, ovided for in stered office this change.

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