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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Highlands Anyestment Group ill 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:		
Aishor Moodic Name of Person		
Highlands Investment Group LIC		
11368 NW 34th Plane		
Sunder FU 33323 City/State and Zip Code		
Nightandsingestmant@ yahan. (om E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Aisha Moodie at (954) 224-9503 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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$25 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. Name of the limited liability company: Highland	S Indestment Group LC	
2. (a) Principal office address of limited liability company:	11368 NW 34th Place	
(Note: MUST BE STREET ADDRESS)	Sunrise, Fl 33323	
(b) Mailing address of limited liability company:	11368 NW 34th Place	
(Note: MAY BE POST OFFICE BOX)	Sunrise, FL 33323	
10/9/06	L06000098251 300 0	
3. Date of filing/registration in Florida 4	Document number	
5. (a) Registered Agent and Registered Office shown on the	1) *(/)* = :acree	
Registered Agent:	Hisha Moodle	
Registered Office Address:	11318 NP 31518	
	Om N	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1368 NW 31th Mare	
764b - P 2 - 1 P. 1 P. 1		
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote	
Signature of a member or authorized representative of a member		
Aisha R. Mondie		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
State of the state		

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