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Office Use Only



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C. LEWIS
FEB 2 6 2013
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Mighlands Truestreed Name of Limited	Gary, UC I 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:		
Hisha Huxie Name of Person		
Mighlands Aniestment Copy	4-66	
1110 West Oakland Parl Blux	:Sk 283	
Sunite, Fr. 33.351 City/State and Zip Code		
highlands investment & yahw com lighall address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Aisha Moodie at (954) 234-9503	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301 Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO: Registration Section

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. Name of the limited liability company:	de anostment Crouplic
2. (a) Principal office address of limited liability compar	y: 1110 West Oakland Panh Bu
(Note: MUST BE STREET ADDRESS)	#283
	Junily FC 31351
(b) Mailing address of limited liability company:	1110 Wast Oakland Park Blut
(Note: MAY BE POST OFFICE BOX)	# 283 Jungs, FC 33351
10/0/01	
10/7/06	Lob 00098251
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Hisha Hadie B 篇言
Registered Office Address:	MOODIE, AISHA 🕏 🚉
	11368 NW 34TH PL 🔀 📆
	SUNRISE, FL 33323 US
AND A CHINNE I A LA A H NE	1 1 1 1 1 1 1 1 1 1
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
<u>NEW</u> Registered Agent:	Aisha Hadie
NEW Registered Office Address:	1111 Which control Park Bld
(MUST BE FLORIDA STREET ADDRESS)	11343
	- Junik to 32331
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compans	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote brwise provided in the articles of organization
Signature of a member or authorized representative of a member	
HISMA Muzche	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compared in Signature of Registered Agent	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
DIFFIRM OF NORIGIOUS ARMS	

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