## L06000098251

(Requestor's Name)			
(Address)	40037381		
(Address)	10007001		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	09/28/2101019		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
	:		

Office Use Only



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## **COVER LETTER**

TO:		tration Section ion of Corporations			
SUBJE	ECT: _	Highlands Investment Group, LLC		ed Liahilit	Iv Company
				cc Elaom	y company
Dear Si	ir or M	adam:			
The end	closed	Registered Agent/Registered Of	ffice Change	and fee(s)	) are submitted for filing.
Please i	return a	all correspondence concerning the	his matter to	the follow	ving:
Aisha	a Moodi	ie- Myrie			
		Name of Person	· <del></del> · · · <del>-</del>		
High	nlands li	nvestment Group, LLC	· · · · · · · · · · · · · · · · · · ·	<del></del>	
		Firm/Company			
2645	Executi	ve Park Drive Suite # 674			
		Address			
Wes	ton, FL	33331			
		City/State and Zip Code		·	
aisha:	@highla	andsinvestment.com ddress: (to be used for future am	nual rapart i	otifiantia	a)
		ormation concerning this matter			uy
		ormano, contestante una matter	r, preuse can	•	
Ais	ha Moo	die- Myrie	at ( <u>95</u> 4		224-9503
		Name of Person		Are	a Code & Daytime Telephone Number
	Maili	ng Address:		Sti	reet Address:
	Regis	tration Section			gistration Section
		on of Corporations			vision of Corporations
		3ox 6327			e Centre of Tallahassee
	Tallah	nassee, FL 32314			15 N. Monroe Street, Suite 810 Ilahassee, FL 32303
	Enclos	sed is a check for the following	g amount:		
	<b>⊠</b> \$25	Filing Fee	C	<b>) \$</b> 55 Fili	ng Fee & Certified Copy

INHS18 (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.

i. N	ame of the limited liability company: Highlan	ds Investment Group	p, LLC		
2. (a)	2645 Executive Park Drive, Suite # 674, Weston, F Principal office address of limited liability com (Note: MUST BE STREET ADDRESS	ipany:	_	e, Suite # 674, Weston, FL of limited liability company: BE POST OFFICE BOX)	<u>333</u> 31
	2645 Executive Park Drive Suite # 674		2645 Executive Park Driv	e # 674	
	Weston, FL 33331		Weston, FL 33331	***	<del></del>
	10-09-06		L06000098251		
3.	Date of filing/registration in Florida	4.	Document nu	mber	
5. (a	) Moodie- Myrie- Aisha				
	Registered Agent and Registered Office shown on the r	records of the Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA)	<u>.                                    </u>	202		
	11110 West Oakland Park Blvd # 283		<u> </u>		
	Sunrise	, FL33351		28	
(b)	Moodie- Myrie- Aisha Enter name of NEW Registered Agent and/or NEW R	legistered Office add	ress:	HI 2: 01	
	NEW Registered Office Address:				
	2645 Executive Park Drive, Suite # 674				
	Weston	FL 33331			
chang agent was/w the art Signo I here provis the object of the metric of the control of the con	limited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida linere authorized by an affirmative vote of the medicles of organization or the operating agreement of a member or authorized representative of a member of a member of a member of a member of all statutes relative to the proper and colligations of my position as registered agent as ely reflect a change in the registered office address of Registered Agent	ss of the registered mited liability comembers of the limited liability of the limited liaber.	d office and the business of apany, it is hereby confir ted liability company or ability company.    Sha Hardie - Hy   Printed or types	office of the registered med that the change(s) as otherwise provided in name of signee	n 