

# L09000006080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

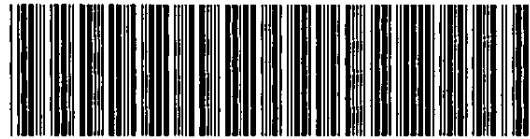
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700236031557

06/11/12--01031--008 \*\*55.00

FILED  
12 JUN 11 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN 13 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HighShine, 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:

Robert James Morgan, Jr.

Name of Person

HighShine, LLC

Firm/Company

2840 West Bay Dr. #279

Address

Belleair Bluffs, FL 33770

City/State and Zip Code

bmorgan@highshineservices.com

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

For further information concerning this matter, please call:

Bob Morgan

Name of Person

at ( 727 )

459-7789

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. Name of the limited liability company: HighShine, LLC

2. (a) Principal office address of limited liability company: HighShine, LLC

**(Note: MUST BE STREET ADDRESS)**

1230 S. Myrtle Ave. Suite 305  
Clearwater, FL 33756

(b) Mailing address of limited liability company: HighShine, LLC

**(Note: MAY BE POST OFFICE BOX)**

2840 West Bay Dr. #279  
Belleair Bluffs, FL 33770

6/7/2012  
3. Date of filing/registration in Florida

L09000006080  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Ray Nolan

Registered Office Address: 709 Harbor Island  
Clearwater, FL 33767

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Robert James Morgan, Jr.

**NEW** Registered Office Address: HighShine, LLC  
**(MUST BE FLORIDA STREET ADDRESS)** 1230 S. Myrtle Ave. #305  
Clearwater, FL 33756

If the limited liability company is not organized under the laws of the State of Florida, 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 liability 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.

Ray Nolan  
Signature of a member or authorized representative of a member

Ray Nolan  
Printed or typed name of signer

*I hereby 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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 of this change.*

Robert James Morgan, Jr.  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**