Stylston of Corporations Electronic Filing Cover Sheet

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(((H17000028605 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number: I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC REGISTERED AGENT CHANGE HEIGHTS SOUTHWEST LLC

Certificate of Status	
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Certified Copy	00
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Corporate Filing Menu

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1/30/2017

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Division of Corporations						
SUBJECT: Heights Southwest LLC						
	ited Liability Company					
Dear Sir or Madam;	4					
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Voite Chin						
Kathy Shin Name of Person						
Name of Person						
InCorp Services, Inc.						
Firm/Company						
3773 Howard Hughes Pkwy. · Sulte 5005						
Address						
Lan Vogen NV 90450 6044	•					
Las Vegas, NV 89169-6014						
City/State and Zip Code						
managedreports@incorp.com	N					
E-mail address: (to be used for future annual report	notification)					
For further information concerning this matter, please ca	II:					
Kathy Shin for InCorp Services, Inc.	800 246-2677					
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					

4 (70000) 8 6053

INHS18 (2/14)

4 14000028-6053

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.

1.	Na	me of the limited liability company: Helghts Southwe	st	LLC		
2.		105 Richmond Ave South, Lehigh Acres, FL 33936			n USA Way, Port Jervis, NY 12771	
_,	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\-/-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3,		08/09/2009 Date of filing/registration in Florida	4.	L0900005	5669 Document number	
		CORPORATION SERVICE COMPANY				
5.	(a)	Registered Agent and Registered Office shown on the records of the 1201 Hays Street Registered Office Address (MUST BE FLORIDA STREET AD)		, 3	TALLAHASSE 17 JAN 31	アンファン
		Tallahassee, FL_		32301	See	수 다.
	(b)	InCorp Services, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u> 17888 67th Court North <u>NEW Registered Office Address:</u>	ffice	address:	8: 01	IATA TATA
		Loxahatchee , FL		33470	-	
the age was	cha nt w s/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the company is not organized under the laws are made, the Florida street address of the limited liability is an affirmative vote of the members of the sof organization or the operating agreement of the limited liability.	e re lity he l	gistered office company, it is imited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in	
Ļ	anat	are of a member or authorized representative of a member	<u>s</u>	teven J. Kan		
I h pro the to n not	ereb visid obli nere ified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for reflect a change in the registered office address, I her in writing of this change. Kathy Shin o			Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been appropriately.	
Sig	natur	of Registered Agent. Division of Corporations P.O. Box	c 63	27• Tallahoo	see. FL 32314	

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

INHS18 (2/14)

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