

L12000085891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

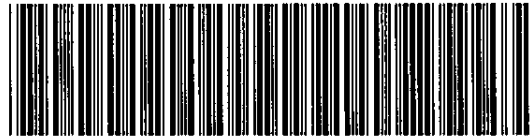
(Business Entity Name)

(Document Number)

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

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FILED  
2013 OCT -7 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT - 8 2013

T. HAMPTON

# CFRA, LLC

A Subsidiary of CARLTON FIELDS

**Registered Agent Services**  
100 S. Ashley Drive | Suite 400  
Tampa, Florida 33602  
P. O. Box 3239 | Tampa, Florida 33601-3239  
813.223.7000 | fax 813.229.4133

October 3, 2013

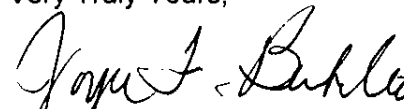
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

**Re: CHANGE OF REGISTERED AGENT –  
HIGHLANDS INVESTMENTS OF SEBRING, L.L.C.  
HIGHLANDS PROPERTIES OF SEBRING, L.L.C.  
THAKKAR FAMILY FOUNDATION, INC.**

Gentlemen:

Please find enclosed Statement of Change of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 541183 totaling \$85.00 for the filing fees for these entities.

Very Truly Yours,



Joyce F. Bentubo  
Secretary

JFB/ylc  
Enclosures

**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: HIGHLANDS INVESTMENTS OF SEBRING, L.L.C.

2. (a) Principal office address of limited liability company: 4105 LAFAYETTE AVENUE  
SEBRING, FL 33872  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 4105 LAFAYETTE AVENUE  
SEBRING, FL 33872  
**(Note: MAY BE POST OFFICE BOX)**

06/22/2012

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: BACHMAN, RADHA ESQ

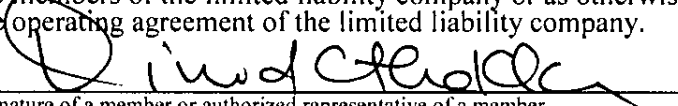
Registered Office Address: 1107 S Dunbar Ave  
TAMPA, FL 33629

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

**NEW Registered Agent:** CFRA, LLC

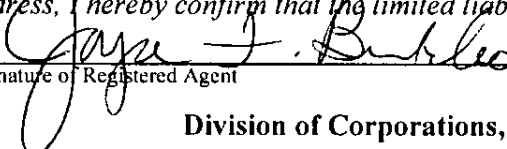
**NEW Registered Office Address:** 100 S ASHLEY DRIVE  
**(MUST BE FLORIDA STREET ADDRESS)** SUITE 400  
TAMPA, FL 33602

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.

  
Signature of a member or authorized representative of a member

Printed or typed name of signee

*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.*

  
Signature of Registered Agent

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

**FILING FEE: \$25.00**

FILED  
JUN 23 2012  
TAMPA, FL  
1:28 PM