14000 133516

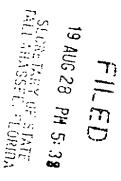
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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SEP - 9 2813

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJE	:СТ: _	Highston Cap	ame of Limited L	iability Company			
Dear Si	r or Ma						
The end	closed R	.egistered Agent/Registered C	Office Change and	fee(s) are submitted for filing.			
Please i	return al	I correspondence concerning	this matter to the	following:			
	Мж	W Espiniu Name of Person					
		Name of Person		_			
	451	Firm/Company	nongent, L	<u>lc</u>			
	1300	BUE ROAD					
		Address					
	CONA	L GABUS, FU 33 City/State and Zip Code	146				
E-	Espicemail add	dress: (to be used for future a	nnual report notif	ication)			
For furt	her info	rmation concerning this matt	er, please call:				
W	HRIA	Espinou	at (_9(7	657-0191			
	_	Name of Person	\	Area Code & Daytime Telephone Number			
	Registra Divisio	ET/COURIER ADDRESS: ation Section n of Corporations Building	Re Di	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327			

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Conv

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

\$25 Filing Fee

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	ame of the limited liability company: Highstac	Copital	Minnegament	, uc			
2. (a)	1300 BWE ROAD	(b)	1300 Bur	5 PUND			
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (")	-	of limited liability company: BE POST OFFICE BOX)			
	CORAL CABLES, FL 33146		COMI GABL	es, FL 33146			
3.	8/26/2014 Date of filing/registration in Florida		L1400013				
3.		4.	Document no	шиег			
5. (a)	·						
	Registered Agent and Registered Office shown on the records of th	•	of State:				
5575 S. SEMONW BWD							
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRESS)</u>					
	->UITE 36						
	OPANDO, a FL	328	22	19 FALL			
		-					
(b)	MATRIA ESPINOZA		<u></u>	FIL AUG 28			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address	:				
	1300 BW6 ROAD			ED PH SIA			
	NEW Registered Office Address:			2 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
	COMIL GABLES		_	<u>,</u>			
			-				
	FL_	33146	,				
the cha agent was/w the art Signa	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law ture of a member or authorized representative of a member by accept the appointment as registered agent and agree	the registere bility compared the limited limited liabil	d office and the busing, it is hereby confiliability company or lity company. Maria Pauli Printed or types	ness office of the registered irmed that the change(s) as otherwise provided in The Following of Signee arree to comply with the			
provis the ob- to mer notifie	ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	performance for in Chap ereby confir	of my duties, ánd 1 a stér 605, F.S. Or, if t m that the limited lia	im familiar with and accept his document is being filed ibility company has been			
Signati	ire of Registered Agent						
	Division of Corporations P.O. B	ox 6327 • T	allahassee, FL 3231	4			