L15000113881

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

LLAHASSET PLONID

ablu

COVER LETTER

Division of Corporations	• .		
SUBJECT: HIGHSTONE DEVELOPME	NT LLC		
	ne of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the	following:	
MARCELA LEIVA			
Name of Person			
HIGHSTONE DEVELOPMENT LLC			
Firm/Company			
286 PALM AVE			F I SECRET
Address			WSSE LVINA B - 9
MIAMI BEACH, FL, 33139			ing your to
City/State and Zip Code			MI IC 33 JESTATE LIFLORIDA
MAXRUMIS@GMAIL.COM			<u>9</u> ≓ 33
E-mail address: (to be used for future and	nual report notif	ication)	
For further information concerning this matter	, please call:		
MARCELA LEIVA	305	9782389	
Name of Person		Area Code & Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	
Enclosed is a check for the following	g amount:		
☑ \$25 Filing Fee	u \$:	55 Filing 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.

(b) 286 PALM AVE		
Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
MIAMI BEACH, FL, 33139		
L15000113881		
4. Document number		
ATORS LLC		
of the Florida Dept. of State:		
TADDRESS)		
33134		
red Office address:		
The Office address.		
FL 33139		
laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company. MARCELA Leiva Printed or typed name of signee		

FILING FEE: \$25.00

INHS18 (2/14)