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COVER LETTER

TO:	Registration Section Division of Corporations	•					
SUBJI	HIGH PEAK, LLC						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The en	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	atter to the following:					
GERM	1AN GIAMMATTEI						
	Name of Person						
-	Firm/Company	NAMES SALADA	:				
11757	SOUTH DIXIE HIGHWAY #197						
	Address	Pallin International Association (Control of Control of					
MIAM	Π FL, 33156						
	City/State and Zip Code						
ge.gian	mmattei@ g mail. COM.						
E	E-mail address: (to be used for future annua	report notification)					
For fur	rther information concerning this matter, pl	ase call:					
GERM	AN GIAMMATTEI	786 371-9016					
	Name of Person	Area Code & Daytime Telepho	one 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 an	/					
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy					
INHS18	8 (2/14)		,				

FL015 - 02/18/2016 Wolters Kluwer Online

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.

Na	nme of the limited liability company: HIGH PEAK, LLC	;			
	11757 SOUTH DIXIE HIGHWAY #197 MIAMI FL 33156	(b	11757 SO	UTH DIXIE HIGHWAY	Y #197 MIAMI FL 3:
?. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
		-			
	08/28/15		L150001454		
(a)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.		Document number	
. (a)	Registered Agent and Registered Office shown on the records of the	- e:	,		
					TA AR
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	L CR
	1200 South Pine Island Road			_	REJARA AHASSI JAN 23
	Plantation	33324		_	1
	TL.			•	PA E. F.
(b) <u>.</u>					F. 9.5
	Enter name of NEW Registered Agent and/or NEW Registered (Office ado	lřesa:		36
	GERMAN GIAMMATTEI				
	NEW Registered Office Address:			•	
	11757 SOUTH DIXIE HIGHWAY #197 MIAMI FL 3315	6		-	
	MIAMI FI	33156			
				-	
e li cha	imited liability company is not organized under the law inge or changes are made, the Florida street address of t	s of the he regis	State of Flo tered office	orida, it is hereby conf e and the business offi	firmed that after ce of the registered
ıt v	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	bility co	mpany, it i	s hereby confirmed the	at the change(s)
arti	cles of organization or the operating agreement of the l	imited l	ability con	npany.	
7	XE Gi Dunin alg		XG	PERMAN E.	Giramai
-	ture of a member or authorized representative of a member			Printed or typed name of	
jiec	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	e to act perform for in C ereby co	in this cap ince of my chapter 605 infirm that	acity. I further agree duties, and I am famil 5. F.S. Or, if this docu the limited liability co	to comply with the iar with and accep ment is being filed mpany has been
	IAN GIAMMATTEI		-		

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

Ву