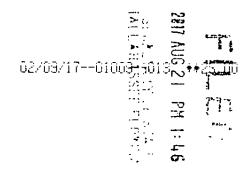
L15000 210953

Office Use Only



300295011913



J. HARRIE

COVER LETTER

Divi	sion of Corporations								
SUBJECT:	Highlands Equipment & Repair, LLC								
	Name of Limited Liability Company								
Dear Sir or N	Madam:								
The enclosed	d Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.						
Please returr	nall correspondence concerning th	is matter to the	following:						
William A.	Head								
	Name of Person		_						
William A.	Head, PA.								
	Firm/Company								
1845 SE 4	4 Avenue								
	Address								
Fort Laud	erdale, FL 33316								
	City/State and Zip Code								
williamh@wmheadcpa.com									
	address: (to be used for future and		fication)						
For further i	nformation concerning this matter.	, please call;							
William A.	Head	954 at (525-7822						
	Name of Person		Area Code & Daytime Telephone Number						
	REET/COURIER ADDRESS: istration Section		IAILING ADDRESS: egistration Section						
Division of Corporations Clifton Building 2661 Executive Center Circle			ivision of Corporations						
		P.O. Box 6327 Tallahassee, Florida 32314							
	lahassee. Florida 32301		anana8800, 170010a 52514						
Enc	closed is a check for the following	g amount:							
□ \$25 Filing Fee			\$55 Filing Fee & Certified Copy						

TO: Registration Section



MELISSA PATTERSON 6814 US HIGHWAY 27 SOUTH SEBRING, FL 33876

SUBJECT: BEAULAND PROPERTIES, LLC

Ref. Number: L14000099253

We have received your document for BEAULAND PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

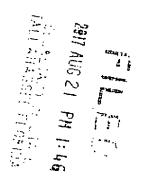
Jenna D Harris Regulatory Specialist II

8/09

Letter Number: 417A00002927

AUG 21 EM D: 27

plean Register W/ Jh Stata as Registed Igent



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.

l.	Na	me of the limited liability company: HIGHLAND	S EQUIF	MENT &	REPAIR, LLC	:		
2. ((a)	John Bowman	(t	1)				
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,		Mailing address of li (<u>Note: MAY BE</u>		-	, -
		6814 US Highway 27 South		6814 US	S Highway 27	South		
		Sebring, FL 33876		Sebring	, FL 33876			
		08/15/2017		L150002	210953			
3.		Date of filing/registration in Florida	-1 .		Document num	ber		
5.	(a)	Highlands Equipment & Repair, LLC						
	(,	Registered Agent and Registered Office shown on the records of	- e:					
		Registered Office Address (MUST BE FLORIDA STREET) 6814 US Hwy 27 S	-					
		Sebring	33876		-			
(h)		William A. Head	_	<u> </u>	2017 AUG	Edden va.		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	-	3m #	AUG			
		William A. Head, PA.				700 Z	21	Person :
		NEW Registered Office Address:	_	·	T P			
		1845 SE 4 Avenue			_	(CR0.)	1:4	, trades ;
		Fort Lauderdale	33316			·• '	.00.	
the age was	cha nt w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited and prized by an affirmative vote of the members cless of organization or the operating agreement of the	of the regis liability co of the lim	stered office ompany, it is sited liabilit	c and the busines s hereby confirm y company or as	ss office ied that t	of the	registered
		John Dommer -	Joh	n Bowma				
	_	ut of a member or authorized representative of a member			Printed or typed no	_		
pro the to n	visio obli gere	y accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provia ily reflect a change in the registered office address, I in writing of this change.	gree to act to perform led for in (I hereby co	in this cap ance of my hapter 605 onfirm that	acity. I further a duties, and I am 5. F.S. Or, if this the limited liabil	igrec to familiar docume lity comp	compl with a out is l ouny h	y with the ind accept wing filed as been

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