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## **COVER LETTER**

TO: Registration Section Division of Corporations	. "
SUBJECT: High End. LI	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Ricardo Ortega  Name of Person	· 
High End. LLC.	
6800 NW 179+1 St Address	#307
Miami FL 33015 City/State and Zip Code	<del> </del>
High end scaffoldin E-mail address: (to be used for future ann	a a a gmail. com
For further information concerning this matter,	please call:
Ricardo Ortega	at ( 305) 331-8631
Name of Person	Area Code & Daytime Telephone 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	amount:
\$25 Filing Fee	□ \$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.

1. N	ame of the limited liability company: High E	nd .	LLC.				
	6800 NW 179+h St. #307			NW 179+	4 ST	. #3	 07
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (5)	Mailing	address of limited E: MAY BE POST	lliability	compan	
	Hialeah, FL 33015		Miami	FL 33	3015	-	
3.	March 11,2016  Date of filing/registration in Florida	 4. Doc	L 1 600 of	05 o 7 i 7		<del></del>	_
5. (a)	United States Corporation Registered Agent and Registered Office shown on the records of t	•		c,			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>				
	13302 WINDING OAK C	OURT	A		•		
		33	612				
(b)	Annette Ortega Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>ess</u> :		16 JUN -	· .	-
	6800 NW 179th St #	307		Sá M	9	ments Consequence	
	NEW Registered Office Address:			OF SIAIL	AM :8: 14		
	MIAMI,FL_	<u>330</u>	015	· 5			
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registe bility com f the limite	ered office and to apany, it is hereled ad liability com bility company.	the business off by confirmed the pany or as othe	ice of t nat the c rwise p	he regis	stered (s)
Cione	Janka -		Ricado	d or typed name of			
I here provisi the obi to mer	nure of a member or authorized representative of a member by accept the appointment as registered agent and agre ions 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.	ee to act in performan I for in Ch ereby con	this capacity	I further agree	to com	iply wit h and o s being has be	h the iccept filed en

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