116000 175 486

(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



400330269944

06/19/19--01013--033 **00.11

Maria Pre

f.:: ,

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Highley avalified Construction Name of Limited Liability Company	on LLC.					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	for filing.					
Please return all correspondence concerning this matter to the following:						
Agron J. Lopez Name of Person						
Highley Qualified Constitution LL Firm/Company	۷.					
4769 NW 50th Ave. Address						
Bell FL 32619 City/State and Zip Code						
Highley avalified Constitute annual report notification)						
For further information concerning this matter, please call:						
Aaron J. Lopez at (386) 628 Name of Person Area Code & Day	7448 time 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 Corporatio P.O. Box 6327 Tallahassee, Florida 32301	ns					
Enclosed is a check for the following amount:						
☐ \$25 Filing Fee	tified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the Stationida.

r tortac							
l. Na	me of the limited liability compa	ny Highle	y Qua	litied	Consti	uction	LL(
2. (a)			(b				
(11)	Principal office address of limit	ed liability company:	10		lailing address of	limited liabil	ity company
	(Note: MUST BE STRE.	<u>ET ADDRESS</u>)			(Note: MAY B)	<u>EPOST OFF</u>	ICE BOX)
	2150 NW CR	138		215	ONW	<u>CR</u>	138
	Bell FL 32	008		<u>Bell</u>	FL	32001	<u> </u>
	09/21/2016			416	00017	5986	
3.	Date of filing/registration	on in Florida	4.		Document nur	nber	
5. (a)	Desiree Lope	2.7					
J. (u)	Registered Agent and Registered Office		of the Florida	Dept. of State	:		
	2150 NW CR	128					
	Registered Office Address (MUST)		T.ADDRESS	7			
							•
	0 . 1		~~~			-7	
	15011	, J·	u <u> </u>	<u> </u>	· ·		Marie Contract
	1.00	1 - 00 -			1	P. I. Mill. J.	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b)	Enter name of NEW Registered Agent	LOPEZ	ed Office ad	dress	1		
	internation in the state of the	and or interest the growth	<u> </u>			25 183	
	4769 NW	Soth A	ve		:	· ·	
	NEW Registered Office Address:	<u> </u>			:	Œ	
	Bell	, F	L 37	2619			
34° +15.5 13	imitad linkility aannaar is nat an	annimal madametha l	arra at tha	State of Ele	elila le la kumi	ha e a a a e fi mana	and others and the
the cha	imited liability company is not or inge or changes are made, the Flo	rida street address (of the regis	stered office	and the busin	ess office o	of the regis
agent v	vill be identical. Or, in the case or ere authorized by an affirmative v	of a Florida limited	liability ec	ompany, it is	hereby confir	med that th	ie change(s
	cles, of organization or the operat					is offici wise	c provided
	h Ly			Aaron	J. U	-0002	_
Signat	ture of a member or authorized represent	ative of a member		1,64,6	Printed or typed	name of signe	20
I herei	by accept the appointment as regions of all statutes relative to the	istered agent and a	gree to act	in this capa	city. I further	agree to co	omply with
the obl	by accept the appointment as reg ons of all statutes relative to the igations of my position as registe ely reflect a change in the registe	red agent as provid	led for in C	Chapter 605,	F.S. Or, if th	is documen	it is being,
to mere notifica	ety reflect a change in the registe I in yegiting of thik change:	rea одное adaress,	т негеру се	nyirm inat t	ne umuca uar	ниу сотро	my nas nee
	1/4 - Jry						
Signate	re of Registered/Agent/	_					