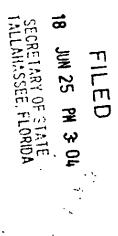
## 

(Requestor's Name)					
(Address)					
(Address)					
(City)	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					





06/25/16--01014--003 \*\*25.00



## **COVER LETTER**

	Clifton Building 2661 Executive Center Circle		illahassee, Florida 32314		
	Division of Corporations		Division of Corporations P.O. Box 6327		
	STREET/COURIER ADDRESS: Registration Section	Re	AILING ADDRESS: egistration Section		
	Name of Person		Area Code & Daytime Telephone Number		
SER	GIO QUIROGA	at (	574-8477 )		
For fu	rther information concerning this matter.	please call:			
	E-mail address: (to be used for future ann	ual report noti	fication)		
SER	GIO@HIGHSTARTRAVEL.COM				
	City/State and Zip Code		<u> </u>		
ORL	ANDO, FL - 32835				
	Address				
2869	WILSHIRE DR., SUITE # 204				
	Firm/Company				
HIGI	HSTAR HOLDINGS, LLC				
	Name of Person				
QUIF	ROGA, SERGIO		<u> </u>		
, touce	. Tellin till exiteripting in		Turno uma		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:					
		ice Change and	l fee(s) are submitted for filing		
Dear S	Sir or Madam:				
SUBJ	SUBJECT: Name of Limited Liability Company				
	HIGHSTAR HOLDINGS, LL	.C			
	Registration Section Division of Corporations		1		

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: HIGHSTAR I	HOLDINGS, LLO	<u>C</u>	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2869 WILSHIRE DR., SUITE 204	2869 V	WILSHIRE DR., SUITE 204	
	ORLANDO, FL - 32835 ORLAN		DO, FL - 32835	
	02/28/2018	L18000	053552	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
( )	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Si	tate:	
	QUIROGA, SERGIO			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	7901 KINGSPOINTE PKWY STE 29 B			
	ORLANDO FI	32819	SECR.	
			FILED JUN 25 PA ARKASSEE, F	
(b) SER 23 E				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	型 2	
			FILED  JUN 25 PR 3-04  CRETARY OF STATE  LAHLASSEE, FLORIDA	
	NEW Registered Office Address:		~ > <b>F</b>	
	2869 WILSHIRE DR - SUITE 204		_	
	ORLANDO FI	32835		
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered off iability company, i of the limited liabi i limited liability of	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
-,,,	1 d 1. Wal	NELSON MARTIN		
	ittle of a member or authorized representative of a member		Printed or typed name of signee	
provis. the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d'in priting of this change.	ree to act in this ca performance of m ed for in Chapter 6 hereby confirm the	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
Signati	re of Registered Agent			

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