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## **COVER LETTER**

_	sistration Section ision of Corporations						
SUBJECT:	Highbanks Management Group, LLC						
Name of Limited Liability Company							
Dear Sir or	Madam:						
The enclose	d Registered Agent/Registered Office C	hange and	fee(s) are submitted for filing.				
Please retur	n all correspondence concerning this ma	atter to the f	following:				
Roberto E	Bonilla						
	Name of Person		<del>_</del>				
Highbank	s Management Group, LLC						
	Firm/Company		_				
333 E. Hi	ghbanks Road						
	Address						
Debary, F	FL 32713						
	City/State and Zip Code	-	<del></del>				
highbank	smanagementgroup@gmail.com						
E-mai	l address: (to be used for future annual	report notifi	cation)				
For further	information concerning this matter, plea	ise call:					
Roberto E	Bonillaa	407	625-9558				
	Name of Person	•	Area Code & Daytime Telephone Number				
Reg Div Clif 266	REET/COURIER ADDRESS: gistration Section ision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, Florida 32314				
Enclosed is a check for the following amount:							
0.9	\$25 Filing Fee	<b>☑</b> \$5	5 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.

npany: —————	nanager	nent Group	ρ 	
imited liability company: IREET ADDRESS	(8	N	Mailing address of limited lin (Note: MAY BE POST O	ability company: FFICE BOX)
	<del></del>			11.6 \(\tau\)
<del>,,</del>		Debary,	PL 32/13	
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ation in Florida	4.		Document number	-
ST BE FLORIDA STREET  , F.	32837	Z)		2019: , -1 111:10:04
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t organized under the la Florida street address of se of a Florida limited la ve vote of the members erating agreement of the sentative of a member	iws of the regi iability co of the limited	State of Flo stered office ompany, it is nited liability liability com	and the business offices hereby confirmed that a company or as otherwipany.  Dwayne Henry  Printed or typed name of signature.	e of the registered the change(s) vise provided in
	ration in Florida  flice shown on the records of the shown of	flice shown on the records of the Florida  ST BE FLORIDA STREET ADDRESS  The street and/or NEW Registered Office address of the registered agent and agree to accept the street agent agen	Impany.  (b)  Impany.  Impany.	minited liability company:  Mailing address of limited liability company:  Mailing address of limited liability company:  Mailing address of limited liability company.  Mailing address of limited liability company or as otherwerating agreement of the limited liability company.  Mailing address of limited liability company.