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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	High Table Investments						
	N	ame of Limited Lia	bility Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered C	Office Change and fe	ee(s) are submitted for filing.				
Please	return all correspondence concerning	this matter to the fo	llowing:				
Christia	an Mendoza						
	Name of Person		_				
High T	able Investments LLC						
	Firm/Company		-				
598 W	alnut st						
	Address		-				
Elizabe	eth, NJ, 07201						
	City/State and Zip Code		_				
chrism	endoza052@gmail.com						
E	-mail address: (to be used for future a	nnual report notific	ation)				
For fur	ther information concerning this matt	er, please call:					
Christia	an Mendoza	908 at (296-5453				
	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address:		Street Address:				
	Registration Section		Registration Section				
	Division of Corporations		Division of Corporations				
	P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the followi	ng amount:					
	■ \$25 Filing Fee	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. Na	ame of the limited liability company:	High Table Investments Limited Liability Company			
2. (a)	598 Walnut st, Elizabeth, NJ, 07201		(b) ⁽	598 Walnı	ut st, Elizabeth, NJ, 07201
`,	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7/19/2023		 L2	30003426	375
3.	Date of filing/registration in	n Florida	4.	-	Document number
5. (a)	Christian Eubanks, URS Agents LLC	0			
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3458 Lakeshore dr			··	
	Tallahassee	FI.	32312		2023
(b)	URS Agents LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:			255:	FILED 2023 NOV 27 PM 2: WI TALLAHASSEE. FLORIDA
					PH 2: 41
	NEW Registered Office Address:				DA -
	3458 Lakeshore dr				
	Tallahassee	, FL	32312		
change agent w was/we	or changes are made, the Florida strevill be identical. Or, in the case of a limited	eet address of the re Florida limited liat of the members of	registered opility composite the limite limited liab	office and pany, it is d liability	hereby confirmed that the change(s) company or as otherwise provided in pany.
Signat	ure of a member or authorized representative	of a member			Printed or typed name of signee
provisi the obli to mere	by accept the appointment as register ons of all statutes relative to the prop igations of my position as registered ly reflect a change in the registered I in writing of this change.	ed agent and agre ver and complete p agent as provided office address, I ha	e to act in erformanc for in Cha ereby confi	this capac te of my di opter 605, irm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
Signatur	Christian Eubanks				