1050000214

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Highlander Enterprises (Name of Limite	ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Dale A. Dettmer, Esquire (Name of Person)	
Khasny and Dettmer (Firm/Company)	·
304 S. Harbor City Blvd, Suite 20	
(Address)	2007 SE TAL
Melbourne, FL 32901 (City/State and Zip Code)	PILL IS TARY OF STATE ALL PASSES. FLORID ease call:
For further information concerning this matter, pla	ease call:
Debbie Campos at (321 723-5646
(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 am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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

Pursuant to the provision liability company submit agent, or bolh, in the Sta	ons of sections 608.416 of the following statement	or 608.508, Florida St in order to change it.	atutes, the undersigned s registered office or re	limitea gisterea
	ed liability company is: _	Highlander Ent	erprises. LLC	
	–			
2. The mailing address of	of the limited liability com	pany is: <u>2050 S.</u>	<u>Patrick Drive, Sui</u>	te B_
Indian	Harbour Beach, Fl 3	2937		<u> </u>
4/22/2005		M0500	0002166	
3. Date of filing/registrate	tion in Florida	4. Documen		
5. The name of the regist Florida Department of	ered agent and the register State:	red office address as sh	own on the records of t	he .
	Walter Gatti			
	2060 S. Patric	lame k Drive		,
	Ar	idress Beach, FL 32937		
	City, St	ate and Zip		
6. The name and address	of the new registered ages	nt and/or office:		
	Thomas M. Downs	,	· .	
	2050 S. Patrick	me Drive, Suite B	SEC	
	Florida street address (I	P.O. Box NOT accepta	ble) 글림	ŧ.
	Indian Harbour Bch j	FT. 32937	AR.	<u></u>
		te and Zip	no no	PH
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement. (Signature of a member or authority)	mpany is not organized unhange or changes are made if the registered agent will breby confirmed that the change is a company or it of the limited liability company or the limited liability contact in the liabi	der the laws of the State, the Florida street ad- be identical. Or, in the hange(s) was/were auth as otherwise provided ompany.	e of Florida, it is hereby dress of the registered of case of a Florida limite forized by an affirmative in the articles of organi	-53
Thomas M. Downs (Printed or typed name of signee)			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or if address, Lhereby confirm	intment as registered ager is of all statutes relative to ad accept the obligations this document is being file i that the limited liability c	nt and agree to gct in to the proper and compl if my position as regist d to merely reflect a cl company has been noti	his capacity. I further a ete performance of my c ered agent as provided y ange in the registered c lied in writing of this ch	gree to luties, or in office ange.
` (Signature of Registered Agent) Divisio	on of Corporations, P.O.	Box 6327, Tallahasse	e, FL 32314	

FILING FEE: \$25.00

INHS18 (8/05)