M0600003576

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations				
SUBJECT: High Ridge Managemer	nt, LLC			
(Name of Limited Liability Company)				
Dear Sir or Madam:				
	Office Change and fee(s) are submitted for filing.			
, , ,				
Please return all correspondence concerning	this matter to the following:			
Ms. Tracy Anderson				
(Name of Person)				
Giordani, Schurig, Beckett & Tackett, LLP				
(Firm/Company)				
100 Congress Avenue, 22nd Floor				
(Address)				
Austin, Texas 78701				
(City/State and Zip Code)				
For further information concerning this mat	ter, please call:			
Carol Kohler	at (512) 767-7105			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the followi	ng amount:			
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: High Ridge	Management, LLC	. 8
2. (a	n) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 2340 Periwinkle Way Unit M-1 Sanibel, Florida 33957	. E
(ł	o) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	c/o The Office, LLC P. O. Box 300849 Austin, Texas 78703	. E
	27, 2006 Pate of filing/registration in Florida	M06000003576 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	SECRE TA
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	F COR
	Registered Agent:	Roseanne Giordani	F STA
	Registered Office Address:	2340 Periwinkle Way Unit M-1 Sanibel, Florida 33957	
(ł	b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
	NEW Registered Agent:	James M. Costello	. 0
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2077 First Street Suite 203 Fort Myers ■,FL 33901	- - K

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member) or authorized representative of a member)

Helene B. Gralnick, Trustee of The HBG Management Trust, Member (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) James Costello

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