Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000051487 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023

Fax Number

: (850)222-1092 : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. annual report mailings. Enter only one email address please. **

Twail	Address			

LLC REGISTERED AGENT CHANGE HIGHLANDS ETHANOL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. BRYAN

FEB 28 2011

EXAMMER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	ECT:	HIGHLANDS Name of Limited			——————————————————————————————————————			
Dear :	Sir or Madanı:							
The c	nclosed Registered Agent/R	egistered Office C	hange and	fee(s) are sub	mitted for filin	g.		
Please	e return all correspondence o	concerning this made	iter to the f	ollowing;				
	Rita M. Slager,		· · · · · · · · · · · · · · · · · · ·					
	Name of Perso	p				TAS	جــ ـ	
	DLA Piper LL	P (US)				ECR LLA	1 FE	7
	Firm/Company					HASE	EB 25	
	OOO NI I - Onlin Oten	at College took				RYC		TILEU
	203 N. LaSalle Stree	A, Suite 1900				OF S	AH 7	C
						RATE	7: 59	
	Chicago, IL (City/State and Zip					١٠١٠ حد		
	uita ala sau@dia							
E	rita, slager@diaj enuti for be used for future	annual report notification)					
for fi	orther information concerning	ig this matter, pleas	se call:					
	Rita M. Slager, Parale	gal ai(312_)_	36	68-7086			
	Name of Person			Ode & Daytime	Telephone Number			
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS tion Section of Curporation (6327 Seo, Florida 32	ns .			
	Enclosed is a check for t	he following amou	u n t:					
	\$25 Filing Fee		\$ 55 Fi	ling Fee & Co	ertified Copy			

INHS18 (5/08)

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. Name of the limited liability company:	HIGHLANDS ETHANOL, LLC			
2. (a) Principal office address of limited liability cor	mpany: 5100 West Lemon Street			
(Note: MUST BE STREET ADDRESS)	Suita 114 Tampa, Florida 33609			
(b) Mailing address of limited liability company:	Same as above			
(Note: MAY BE POST OFFICE BOX)				
10/23/2007	M07000006340			
3. Date of filing/registration in Florida	4. Document number RQ			
5. (a) Registered Agent and Registered Office show	m on the records of the Florida Dept. of State:			
Registered Agent:	Charles E. Grawey			
Registered Office Address:	5100 West Lemon Street Suite 114			
	Tampa, Florida 33609			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	1200 South Pine Island Road			
	Plantation ,FL 33324			
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the cha of the members of the limited liability company or as or the operating agreement of the limited liability corresponds to the	icka literiala etrant galdrace ist thu conscietad office			
Printed or typed name of signer	<u></u>			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms the limited liability confirms the limited liability confirms the liability confirms the limited liability confirms the liabili	and agree to get in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.			
Assistant Secretary				
Division of Corporations, P.O. B	lox 6327, Tallahassec, FL 32314			

FILING PEE: \$25.00

INHS18 (05/08)

V: