

M13000000349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REVENUE
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O SIMMONS
FEB 06 2017

FAX

For:	Ms. Simmons - Secretary Of The State Of Florida
Fax number:	1 (850) 245-6030
From:	MEINARDO BOIZAN
Fax number:	1 (855)233- 5677
Date:	February 3, 2017
Regarding:	Correction of Amendment
Number of pages:	5
Comments:	<p>Dear Ms. Simmons,</p> <p>Thank you so much for facilitating this way the completion of this amendment.</p> <p>Please, find the mailing address as:</p> <p>1680 East 6th Avenue, STE 307</p> <p>Vancouver, BC V5N 1P3 Canada</p> <p>Thank you so much for your kind attention.</p> <p>Regards,</p> <p><i>Meinarbo Boizan</i> Meinarbo Boizan</p> <p>PS: Email address: boizan@shaw.ca</p>

RECEIVED
 FEB 03 2017
 LAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGHLIGHTS ACCOUNTING SERVICES LTD. LIABILITY COMPANY
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MEINARDO BOIZAN

Name of Person

HIGHLIGHTS ACCOUNTING SERVICES LTD.

Firm/Company

1680 EAST 6TH AVENUE, SUITE 307

Address

VANCOUVER, BC V5N 1P3 CANADA

City/State and Zip Code

BOIZAN@SHAW.CA

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEINARDO BOIZAN

Name of Person

at (360) 542-9554

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 amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: HIGHLIGHTS ACCOUNTING SERVICES LTD. LIABILITY COMPANY

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

210 172nd STREET, SUITE 434

SUNNY ISLES BEACH, FLORIDA 33160

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

1680 EAST 6th AVENUE, VANCOUVER

BC, V5N 1P3 CANADA

17 FEB -3 AM 9:45
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SECRETARY OF STATE

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2. The Florida document number of this limited liability company is: M13000000349

3. Jurisdiction of its organization: OC

4. Date authorized to do business in Florida: JANUARY 16, 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

To remove Manuel Jane as Owner of the company.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	MANUEL JANE	210 172nd STREET, STE 434 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Add

_____ Remove

_____ Add

_____ Remove

_____ Add

_____ Remove

_____ Add

_____ Remove

_____ Add

Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Manuel Jane

 Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

FILED
 17 FEB -3 AM 9:46
 2017