## M14000000 122

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	MAIL		
(Business Entity Name)			
(Document Number)			
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09/10/19--01021--014 ++25.00







CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: September 6, 2019

Order#: 902571-010

Re: HIGH RIDES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Wilmington, DE 19808

Attn: Matthew Ermak c/o Corporation Service Company 251 Little Falls Drive

XX\_\_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

L N	ame of the limited liability company: <u>HIGH RIDES</u> ,	LLC		
2. (a)	7001 International Drive	(b) 7(	(b) 7001 International Drive	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Orlando FL 32819	<u>Orla</u>	ando, FL 32819	
	01/07/2014	M14	00000122	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CT CORPORATION SYSTEM			
	Registered Agent and Registered Office shown on the records o	f the Florida Dept, c	of State:	
	1200 SOUTH PINE ISLAND RD.			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	TALLAHASSEE	L <u>32301</u>	2019 SEP 1 0	
(b)	Corporation Service Company			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	Ch i i i i i i i i i i i i i i i i i i i	
	1201 Hays Street			
	<u>NEW</u> Registered Office Address:			
	Tallahassee, FI	32301		
agent v was/we the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ure of a member or authorized representative of a member	f the registered c iability company of the limited lia limited liability	office and the business office of the registered , it is hereby confirmed that the change(s) ibility company or as otherwise provided in	
the obl to mere notified	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address, I l'in writing of this change. Mice of Registered Agent Corporation Service Company	performance of a for in Chapter hereby confirm (	capacity. I further agree to comply with the $mv$ duties, and I am familiar with and accept $605 + 5$ . Or if this document is hear $615$ to $100$	

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