

N93000004399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

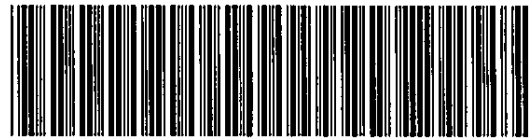
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
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13 OCT - 7 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 15 2013
EXAMINER

CFRA, LLC

A Subsidiary of CARLTON FIELDS

Registered Agent Services

100 S. Ashley Drive | Suite 400

Tampa, Florida 33602

P. O. Box 3239 | Tampa, Florida 33601-3239

813.223.7000 | fax 813.229.4133

October 3, 2013

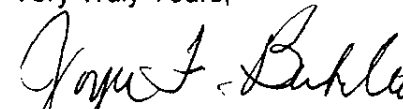
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

**Re: CHANGE OF REGISTERED AGENT –
HIGHLANDS INVESTMENTS OF SEBRING, L.L.C.
HIGHLANDS PROPERTIES OF SEBRING, L.L.C.
THAKKAR FAMILY FOUNDATION, INC.**

Gentlemen:

Please find enclosed Statement of Change of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 541183 totaling \$85.00 for the filing fees for these entities.

Very Truly Yours,



Joyce F. Bentubo
Secretary

JFB/ylc
Enclosures

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THAKKAR FAMILY FOUNDATION, INC.
2. The principal office address: 3581 S HIGHLANDS AVE
SEBRING, FL 33870
3. The mailing address (if different): 3581 S HIGHLANDS AVE
SEBRING, FL 33870
4. Date of incorporation/qualification: 09/23/1993 Document number: N93000004399
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BACHMAN, RADHA

401 E. JACKSON ST., STE 2500

TAMPA, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CFRA, LLC

100 S ASHLEY DR, STE 400

P.O. Box NOT acceptable

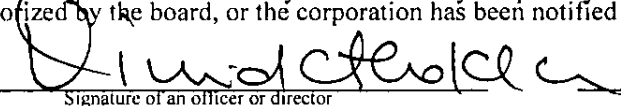
TAMPA, FL 33602

13 OCT -7 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

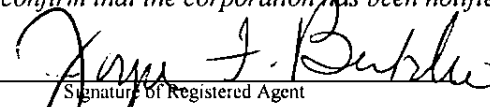
APPROVED
AND
FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 10/2/13
Signature of Registered Agent Date

If signing on behalf of an entity:

Joyce F. Bentubo

Typed or Printed Name

*** FILING FEE: \$35.00 ***