

# N15000011910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Just changing  
address for Betty Gatto  
2/5/19*

*Corp cannot be kept*

Office Use Only



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01/07/19--01009--003 \*\*35.00

19 FEB - 5 AM 9:25  
DEPT OF STATE  
CORPORATION

FEB - 8 2019

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Twisted SISTA'S CORP  
Name of Corporation

DOCUMENT NUMBER: N150000 11910

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Kelly GATTO  
Name of Contact Person

Twisted SISTA'S CORP  
Firm/Company

8502 GULF BLVD # 42  
Address

NAUARRE FL 32566  
City/State and Zip Code

TwistedSISTASCORP@gmail.com  
E-mail address: (to be used for future annual report notification)

19 FEB - 5 AM 9:25  
RECEIVED STATE  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Kelly GATTO at (901) 517-4890  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2019

KELLY GATTO  
TWISTED SISTA'S CORP  
8522 GULF BLVD #42  
NAVARRE, FL 32566

SUBJECT: TWISTED SISTA'S CORP  
Ref. Number: N15000011910

We have received your document for TWISTED SISTA'S CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 919A00001403

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Twisted SISTAS CORP
2. The principal office address: 8522 GULF BLVD #42  
NAVARRE FL 32566
3. The mailing address (if different): 8522 GULF BLVD #42  
NAVARRE FL 32566
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N15000011910
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)

8522 GULF BLVD #37  
NAVARRE FL 32566

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

8522 GULF BLVD #42  
P.O. Box NOT acceptable  
NAVARRE FL 32566

FILED  
DIVISION OF CORPORATIONS  
10 FEB - 5 AM 9:25

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.

Kelly Gatto  
Signature of an officer or director

Kelly Gatto President  
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.*

James J. Roberts  
Signature of Registered Agent

1/1/2019  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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