oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE MENA

1428 E SEMORAN BLVD #106 APOKA, FL 32703 US

FEI Number: 45-3063722

Name and Address of Current Registered Agent:

JOSE, MENA 111 SHELLIE COURT LONGWOOD, FL 32779 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR JOSE, MENA Name **111 SHELLIE COURT** Address City-State-Zip: LONGWOOD FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

CEO

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L11000096418

Entity Name: TWS SERVICES AND HEALTHY HOME SOLUTIONS LLC

Current Principal Place of Business:

1428 E SEMORAN BLVD #106 APOKA, FL 32703

Current Mailing Address:

Certificate of Status Desired: No

Date

FILED Feb 27, 2013 Secretary of State CC0649465205

Electronic Signature of Signing Authorized Person(s) Detail