# L02 0000 14995

(Rec	questor's Name)	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bus	siness Entity Nan	me)
· (Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		11/21
	Office Lice On	CIUX



300061395363

\*\*S NOV 16 PH 12: 3

~~(	~4
_	

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: TWONE LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Irber
(Name of Person)

TWONE LLC (Address)

South Plain Field, NJ 07080 (City/State and Zip Code)

For further information concerning this matter, please call:

Frank Irber at (732) 496-5767

(Name of Person) (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

\$55 Filing Fee & Certified Copy

-

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.		
1. The name of the limited liability company is: TWONE LLC.		
2. The mailing address of the limited liability company is: 465 wooden AUE,		
South Plainfield, NJ 07080		
6-17-2002 3. Date of filing/registration in Florida  LO2000014995  4. Document number		
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
Thomas J. Weaver		
473 BAY Point Road		
Thomas J. Weaver  473 BAY Point Road  Address Panana City Beach, FL 32408  City, State and Dip		
6. The name and address of the new registered agent and/or office:		
Frank Inber		
Frank Inber  Name  625 Amber jack Drive  Florida street address (P.O. Box NOT acceptable)		
Florida street address (P.O. Box NOT acceptable)		
Panama City Beachel 32408		
City, State and Zip  City, State and Zip  City, State and Zip  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
(Signature of a member or authorized representative of a member)		
Thomas J. Weaver  (Printed or typed name of signee)		
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 608, F.S. Of 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.		

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

Frank Irber

(Signature of Registered Agent)