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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations		•				
SUBJ	TWO DE LLC						
	Name of Limited Liability Company						
Dear !	Sir or Madam:						
The e	nclosed Registered Agent/Registered Office	e Change and f	ee(s) are submitted for filing.				
Please	e return all correspondence concerning this	matter to the fe	ollowing:				
The S	oltz Family Trust						
	Name of Person		_				
The S	oltz Family Trust						
	Firm/Company		_				
86 SW	V Cabana Point Circle						
	Address		_				
Stuart	. Florida 34994						
	City/State and Zip Code		_				
Howa	rd.soltz@gmail.com						
	E-mail address: (to be used for future annua	il report notific	ation)				
For fu	orther information concerning this matter, p	lease call:					
Howa	rd Soltz	305 at (986-4892)				
	Name of Person	\	Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following a	mount:					
	■ \$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 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.

N	ame of the limited liability company: Two DELLC					
(a)	The Soltz Family Trust (b) The Solt		z Family Trust			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, ,		-	s of limited liability company: **RE POST OFFICE BOX**)
	86 SW Cabana Point Circle			86 SW C	abana Point Ci	rele
	Stuart, FI 34994			Stuart, F1	1 34994	
	04/11/2006		ì	,06000031	7935	
	Date of filing/registration in Florida	4.	_	<u> </u>	Document r	number
(a)	Soltz , Howard					
(4)	Registered Agent and Registered Office shown on the records of	the Flo	rida l	Dept. of Sta	ate:	
	Soltz , Howard					
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)		_	
	14280 sw 142 street, 208					2021 SEC SEC
	Miami , Fl	3318	6		_	2021 FEB 26 SECRETAR TALLARY
(b)	Soltz, Howard					26 PH
(17)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	The Soltz Family Trust			PHI2: 00 Y OF STATE ASSEE, FL		
	NEW Registered Office Address:				_	
	86 SW Cabana Point Circle					
	Stuart	3499	4			
nge	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	: regis	terec	l office a	nd the busines	ss office of the registered
s/w art	ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	of the limit	limit ed lia	ed liabili bility co	ity company o	or as otherwise provided i
<u>/ /</u> igna	ture of a member or authorized representative of a member	_				oed name of signee
1 / 3 1 * / 3	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to perfo d for hereb	act i rmai in Cl v cor	n this cap ice of my iapter 60 ifirm that	pacity. I furth duties, and I 15, F.S. Or, if t the limited li	ner agree to comply with the am familiar with and acceptains document is being fluid ability company has been ability company has been acceptanged.
	pre of Registered Agent					

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