L07000127437

(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:

A. LUNT

AUG - 3 2010

EXAMINER

Office Use Only

100183642561

08/02/10--01060--007 **25.00

FILED
2010 AUG -2 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARISTA
LAW

2655 SOUTH LE JEUNE ROAD, 5TH FLOOR
CORAL GABLES, FLORIDA 33134
TELEPHONE: (305) 444-7662
FACSIMILE: (305) 444-7275
WWW.ARISTALAW.COM

Reply to: Eduardo Arista
E-Mail: Ed@AristaLaw.com

July 29, 2010

FILED
2010 AUG -2 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Re: **TWIN SHOPPING CENTER-SOUTH, LLC**

To Whom It May Concern:

Enclosed please find the Registered Agent/Registered Office Change form for TWIN SHOPPING CENTER-SOUTH, LLC submitted for filing. A check in the amount of $25.00 for the filing fee is also enclosed.

Please return all correspondence concerning this matter to:

Eduardo R. Arista, Esq.
Arista Law
2655 S. Le Jeune Road, 5th Floor
Coral Gables, Florida 33134

For further information concerning this matter, please call Eduardo R. Arista, at (305) 444-7662.

Sincerely,
ARISTA LAW

Aleida Ortega

Enclosures

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. Name of the limited liability company: TWIN SHOPPING CENTER-SOUTH, LLC

2. (a) Principal office address of limited liability company:

☐ (***Note: MUST BE STREET ADDRESS***)

1060 EAST 33RD STREET
HIALEAH FL 33013

(b) Mailing address of limited liability company:

☐ (***Note: MAY BE POST OFFICE BOX***)

1060 EAST 33RD STREET
HIALEAH FL 33013

12/27/2007
3. Date of filing/registration in Florida

L07000127437
4. Document number

FILED
2018 AUG -2 PM 4:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: EDUARDO R. ARISTA, ESQ.

Registered Office Address:
ARISTA & HERRIN
2655 LEJEUNE ROAD, SUITE 700
CORAL GABLES FL 33134 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: EDUARDO R. ARISTA, ESQ.

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
2655 LEJEUNE ROAD, 5TH FLOOR
CORAL GABLES ,FL 33134

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

Eduardo R. Arista, Esq.
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. Or, 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.

Signature of Registered Agent

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

INHS18 (05/08)