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TALLAHASSEE, FLORIDA

NOV 0 8 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TWING AT WORK, 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:	
BRIAN DARAKIS Name of Person	
Twins AT work, LLC. Firm/Company	
1145 Hickory Trank Address	16 NO
WELLINGTON FR. 33414 City/State and Rip Code/	16 NOV -7 PM
E-mail address: (to be used for future annual report notification)	19
For further information concerning this matter, please call:	
Mike DARAKIS at (561) 602 - 333. Name of Person Area Code & Daytime Telephone	<u>S</u> 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:	

□ \$55 Filing Fee & Certified Copy

≈ \$25 Filing Fee

INHS18 (2/14)

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.

1.	Na	ume of the limited liability company: Tw/nk	A7	- W	DORK, LLC	<i>-</i>
2. (1145 thison train		1145	Archarta	MIL
`	. , ,	Principal office address of limited liability company:	_		Mailing address of limited liabil	
		(Note: MUST BE STREET ADDRESS)		يس ١	(Note: MAY BE POST OFF	TICE BUX)
		WELLINGTON, Fy 334/4		WE	uinoton / f	7 JJ 4/9
		1				
		2/19/2009		Lo	900001714	60
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	BRIAN DARAKIS				
		Registered Agent and Registered Office shown on the records of the	e Florida D	ept. of State	: :	二 圣治
		1145 HICKORY TRAC				
		Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)			IE NOV -7 PH 4: 19
					-	一 (所)
		WELLINGTON, FL,	33	414		2
		,		, ,		
(b)	Enter name of NEW Registered Agent and/or NEW Registered O				9
			riice naar	<u>ess</u> ;		
		11127 PERSIMMON B	WI	١.		
		NEW Registered Office Address:			•	
					•	
		WEST Parm Beach , FL	, ,	33 <i>41</i>	()	
If th	ie li	imited liability company is not organized under the laws	7			ed that after
the	cha	inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	he registe	ered office	and the business office of	of the registered
was	/we	ere authorized by an affirmative vote of the members of	the limit	ed liabilit	y company or as otherwis	e provided in
tne	artic	cles of organization or the operating agreement of the li	mited lia	Ω		
∕ Si	gnat	ture of a member or authorized representative of a member		rok	Printed or typed name of sign	<u>∝</u> <u><(7</u>
the to n	visio obli iere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I he is in writing of this change.	e to act it erformar for in Ch ereby con	n this cape ice of my c apter 605 firm that t	acity. I further agree to c duties, and I am familiar , F.S. Or, if this documen the limited liability compo	omply with the with and accept it is being filed any has been
Sign	natui	re of Registered Agent				