## L10000110935

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TWOM, 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:		
Jerry Marksbury Name of Person		
TWO M, LLC /Firm/Company		
2108 Kane Park Way		
Windermere, Fl. 34786 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jerry Marksbury at (502) 727-9200  Name of Person Area Code & Daytime Telephone Number		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations  Division of Corporations		
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
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 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

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	me of the limited liability company: \[ \langle WOM  \L_C \] \[ \langle 921  \S(1)  \langle 54  \Rangle \] \[ \langle 921  \S(1)  \langle 54  \Rangle \]
2. (a)	Principal office address of limited liability company:  (b) 92 3 \omega 75 \hta 1 \text{ VE}  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	Cope ceval, the cope coval, the
	33914 33914
	2/21/15 L 10000110935
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	5921 SW 154 Ave
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Cape Coval ,FL 33914
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	210B Kane Park Way  NEW Registered Office Address:
	Windernere, FL 39786
the charagent was/we the artic	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after after or changes are made, the Florida street address of the registered office and the business office of the registered fill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in class of organization or the operating agreement of the limited liability company.  When the organization of the operating agreement of the limited liability company.  Printed or typed name of signee
Signa	free of a member or authorized representative of a member Printed or typed name of signee
provisie the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signatu	e of Registered Agent
	Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314

**FILING FEE: \$25.00**