To: Page 2 of 4 12122023573 From: Kimberly Laughrey

3/3/2017

Division of Corporations

Note: Please print this page and use if as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Co	porations		
		: (856)617-6383		
From:			$\Sigma_{\sim} \sim$	
	Account Name	: C T CORPORATION SYSTEM	2017	
	Account Number	: FCA000000023	5: 2 7	4
	Phone	: (614)280-3338	THAR NEW	1
	Fax Number	: (954)208-0845	25 P	
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ann	ual report maili	ngs. Enter only one email address	ی µucose، بیشر µucose، پ	
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LLC REGISTERED AGENT CHANGE TWENTY-TWO GROUP, LLC

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Corporate Filing Menu



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To: Page 3 of 4

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COVER LETTER TO: Registration Section Division of Corporations SUBJECT: Twenty-Two Group, 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:	Page 3 of 4	2017-03-03 0	9:43:35 CST	12122023573 From: Kimberly Laugh	hrey
COVER LETTER TO: Registration Section Division of Corporations SUBJECT: Twenty-Two Group, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		,	• • •		
Division of Corporations Twenty-Two Group, LLC SUBJECT: Twenty-Two Group, LLC Name of Limited Liability Company 122 Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		COVER	•		
Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	SUBJECT: Twenty-T	wo Group, LLC	<i></i>		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	(Billional States and Constraints) (See States and Constraints)		Liability Company	ne en e	() y
	Dear Sir or Madam:				
	The enclosed Registered	Agent/Registered Office Change a	nd fee(s) are submitted for fil	ling.	
				na an a	· • let.
Lindo Fielo Louise - Fra	Lindo Ebin Lavina - E				
Linda Ebin-Levine, Esq.					
Name of Person	ب م	lame of Person			
DACRA		· · · · · · · · · · · · · · · · · · ·	<u></u>		
Firm/Company	F	'irm/Company			
3841 NE 2nd Avenue, Suite 400	3841 NE 2nd Avenue	ə, Suite 400			
Address	الله، ۵۳۰ المربق عن عامل کار المان می می المراکز ۱۹۹۰ ۲۹۱ می المراکز المراکز می المراکز می المراکز المراکز الم المراکز المراکز	Address	Augusta		
Miami, Florida 33137	Miami, Florida 33137	,			
City/State and Zip Code			- <u></u>		
alicia@dacra.com	alicia@dacra.com				
E-mail address: (to be used for future annual report notification)		be used for future annual report no	ilfication)		
For further information concerning this matter, please call:	For further information c	oncerning this matter, please call:			
Alicia Alonso 305 531-8700	Alicia Alonso	305 at (_ر 531-8700		
Name of Person Area Code & Daytime Telephone Number	Name of	where the second s	Area Code & Daytime T	clephone Number	
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314Tallahassee, Florida 32301Florida 32314	Registration Sect Division of Corp Cliffon Building 2661 Executive C	ion orations Center Circle	Registration Section Division of Corporations P.O. Box 6327		
Enclosed is a check for the following amount:	Enclosed is a ch	eck for the following amount:			
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy	Sector Se		\$55 Filing Fee & Certified C	Сору	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

2017-03-03 09:43:35 CST

Eurisuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order 10 change its registered office or registered agent, or both, in the State of Florida.

2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited (Note: MAY BE POS		
	مین از مین از مینی از مینی و مینی و در مینی می و در مینی می ورد می ورد می ورد می ورد و در می و در می و در می مین از مورد و مینی از مینی از مینی و می ورد و می ورد و می ورد می ورد می ورد می ورد و در می و در می و در می		and a start of the		
	3/10/2011	L11000	029703		
3, 5. (a)	Date of filing/registration in Florida Craig Robins	4.	Document number		
	Registered Agent and Registered Office shown on the reco 3841 NE 2nd Avenue	ords of the Florida Dept. of St	rate:		
	Registered Office Address (MUST BE FLORIDA STE Suite 400	<u>(EET ADDRESS)</u>		17 H	
	Miami	, FL 33137		HAR -	
(b) .	Cole Haynes			ω_{ω}	2 # 1-4 # 4
	Enter name of NEW Registered Agent and/or NEW Reg	istered Office address:	जन केर्न		
	3841 NE 2nd Avenue	·			
	NEW Registered Office Address:	an a			
	Suite 300				
	Miami	FL 33137			
the cha agent v was/wa	mited liability company is not organized under nge or changes are made, the Florida street add: will be identical. Or, in the case of a Florida lim are authorized by an affirmative vote of the mem cles of argumzation or the operating agreement	the laws of the State of ress of the registered off ited liability company, i ibers of the limited liabi	ice and the business of i is hereby confirmed lity company or as oth	the of the r	egistereu ige(s)

Signature of a member or authorized representative of a member

Thereby 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 duffes, and I am familiar with and accept the obligations of my position, as registered agent as provided for in Chapter 605. 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 vertices of this change.

Printed or typed mime of signed

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

INHS18 (2/14)

Signature of Registered Agent