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| (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: | | | | | |
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Office Use Only



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T. CLINE

JUL - 2 2012

EXAMINER

WE 69841

COVER LETTER

| Divisio | ration Section on of Corporations | | | | ٠٠ ، ه | |
|---|--|----------------------|---------------------|---|-------------|--------------|
| SUBJECT: _ | Midget | Twister Name of L | LLC imited Liabi | lity Company | ,19 | |
| Dear Sir or Ma | | | | | | |
| The enclosed l | Registered Agent/R | egistered O | ffice Change | and fee(s) are | submitted f | or filing. |
| Please return a | all correspondence | concerning t | his matter to | the following: | | |
| Cristin | Rodrigu Name of Person | e2 on A-C | | <u>.</u> | | |
| 1628 | Firm/Compan Baker Road Address | y L | | | | 7812 7886 |
| Lutz, | City/State and Zip | S S 9 | | | | JUN 28 |
| midge++ E-mail addre | wister@ gn | | otification) | | | YOF SAME |
| For further inf | formation concerning | ng this matte | er, please cal | 1: | : | W. CO |
| Cristia | Rodriguez | | at (813 | | | |
| | Name of Person | DE00 | | Area Code & Dayti | · | Number |
| Registr Divisio Clifton 2661 E | ET/COURIER ADD ration Section on of Corporations Building xecutive Center Circussee, Florida 32301 | | Re Di P. | AILING ADDR gistration Section vision of Corpora D. Box 6327 Ilahassee, Florida | n ations | |
| Enclos | sed is a check for t | the followin | g amount: | | | |
| V \$25 | Filing Fee | | S | 55 Filing Fee & | Certified (| Сору |

INHS18 (5/08)

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: Midget | Twister LLC |
|--|--|
| 2. (a) Principal office address of limited liability compan | y: 4913 W Waters Ave |
| (Note: MUST BE STREET ADDRESS) | y: 4913 W Waters Ave. Tampa, FL 33634 |
| (b) Mailing address of limited liability company: | 1628 Baker Rd. Lutz FL 33557 |
| (Note: MAY BE POST OFFICE BOX) | Lutz FL 33557 |
| 5/27/12 | |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | |
| Registered Agent: | United States Corporation Agents, Inc |
| Registered Office Address: | ungura III |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address |
| NEW Registered Agent: | Cristina Redriguez |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1628 Baker Road Lutz ,FL 33559 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compants. Signature of a member or authorized representative of a member. Printed or typed name of signee. I hereby accept the appointment as registered agent and the confirmed that after the change of the registered agent and the confirmed that the change of the limited liability company. | Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y. |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my perchapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compar | röper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change. |

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

Signature of Registered Again