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From:	Account Name : AGENTS AND CORPORATIONS, INC	

Phone	: AGENTS AND CORPORATIONS, : I20010000112 : (302)575-0875 : (302)575-1642	I
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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	ame of the limited liability company	Twoning Fork	, LLC					
2,	(a)	9698 Blandford Road, Orland	io, FL 32827		9698 Bla	andford Road,	Orland	o, FL 3	32827
		Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)							-
-		11/07/2013			.130001				
3.		Date of filing/registration B & C CORPORATE SERVI				Document numb	er		
Э.	(a)	Registered Agent and Registered Office shown on the records of the Florida D 390 N. ORANGE AVE. SUITE 1400 Registered Office Address (<u>MUST BE FLORIDA STREET ADDRESS</u>)			:	- - -	16		
		ORLANDO	FL	32801			ہ۔ • • • *	APR	
	(b)	Agents and Corporations, Inc.				She Finnes	8-		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>:55</u> :		(,	I	5 S 2 1
		300 FIFTH AVE. SOUTH, SUITE 101-330			1	AM 11: 00	·.		
		NEW Registered Office Address:						3	
		NAPLES	, FL_	34102					
the ag	e cha ent v is/we	imited liability company is not organinge or changes are made, the Floric vill be identical. Or, in the case of a sere authorized by an affirmative vot cles of organization or the operating of the operating of the operation of the operating of the operation of	a street address of the Florida limited liable of the members of	the register bility com	red office pany, it is	and the business hereby confirme	office o d that the otherwise	f the reg e change provide	istered
		by accept the appointment as registi							ith the

Increase accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules 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 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 writing of this change.

Division of Corporations P.O. Box 6327• Tallahassee, FL 32314

FILING FEE: \$25.00

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Signature of Registered Agent

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