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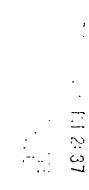
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

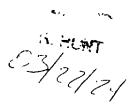
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations						
Two Docks, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.				
Please return all correspondence concerning the	is matter to th	ne following:				
Kylie Conrad & Kayla King						
Name of Person						
Corp1. Inc.		• :				
Firm/Company						
7700 E Arapahoe Rd Ste 220						
Address						
Centennial, CO 80112		2: 				
City/State and Zip Code		f i				
E-mail address: (to be used for future ann	iual report no	tification)				
For further information concerning this matter,	please call:					
Kylie Conrad	720 at (823-9273				
Name of Person	\	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following	g amount:					
■ \$25 Filing Fee	<u> </u>	\$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.

1. N	ame of the limited liability company: Two Docks, LLC				
2. (a)	16241 BRIDLEWOOD CIRCLE		(b) 16241 BR	IDLEWOOD CIRCLE
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	•		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DELRAY BEACH, FL 33445	_		DELRAY	BEACH, FL 33445
	07/23/2019			L190001889	998
3. 5. (a	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	-	· -	Document number
J. (a.	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Flor	rida	Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRI	<u>:SS</u>	<u> </u>	-
	TALLAHASSEE, FI	32301	-25	525	- - -
(b)	Registered Agents Inc			_	· .
(***)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				· •
	7901 4th St N	_			
	NEW Registered Office Address: Ste 300	_			37
	St. Petersburg, Fl.	33702	2		_
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regist ability of the l	ere co lim	d office an mpany, it i ited liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
	/ Edward Horvath	H	dw	ard Horvath	
_	ature of a member or authorized representative of a member				Printed or typed name of signee
provis the ob to me	why accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I gd'in writing of this change.	ree to a perfor d for it hereby	act rmo n C	in this cap ince of my hapter 602 infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
•	avid Roberts				
Signat	ure of Registered Agent				