

M06000007149

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sjuarez@twinmed.com

LLC REGISTERED AGENT CHANGE
TWIN MED, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 SEP 15 PM 12:57

ALLIANCE STATE FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 SEP 15 AM 10:53

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWIN MED, 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:

SHERRY JUAREZ or JAIME SANTANA
Name of Person

TWIN MED, LLC
Firm/Company

11333 GREENSTONE AVENUE
Address

SANTA FE SPRINGS, CA 90870
City/State and Zip Code

sjuarez@twinmed.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGINA VEGA at (800) 587-4387
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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. Name of the limited liability company: TWIN MED, LLC

2. (a) Principal office address of limited liability company: 11333 GREENSTONE AVENUE SANTA FE SPRINGS, CA 90670 (b) Mailing address of limited liability company: 11333 GREENSTONE AVENUE SANTA FE SPRINGS, CA 90670

3. Date of filing/registration in Florida: 12/26/2006 4. Document number: M06000007149

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: ROBERT KOWALSKI Registered Office Address: 2126 WEST LANDSTREET ROAD ORLANDO, FL 32810

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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: URS AGENTS, LLC NEW Registered Office Address: 3458 LAKESHORE DRIVE TALLAHASSEE, FL 32312

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member: [Signature] Printed or typed name of signer: Jaime Santana

I hereby 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 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.

Signature of Registered Agent: Georgina Vega, Asst. Secretary

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