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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*** Email Address:

LLC REGISTERED AGENT CHANGE TWINEAGLES AGR SOUTH, L.L.C.

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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.

2. (a)	245 Park Avenue, 26th Floor	(t	(b) 245 Park Avenue, 26th Floor				
u. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	,	Mailing address of limited (Note: MAY BE POST	•		
	New York, NY 10167	_	New York	k, NY 10167			
	07/02/2010		M1000003000				
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number	. ,	1	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 1200 SOUTH PINE ISLAND ROAD			ite:		20	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2	÷	1	2024 OCT	} 6844 - Spire
	PLANTATION , FI	33324		-		23	
(b)	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered	Office ad	drass:	_		PM 4: C	,
	801 US Highway 1	. <u> </u>	<u>wi 1.37</u> .		- Gl	00	
	NEW Registered Office Address:			_			
	North Palm Beach, FL	33408		_			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the registere ability co of the lim	d office ar mpany, it i ited liabili	nd the business office is hereby confirmed the ty company or as other	of the reginat the cha	stered nge(s)	
Signal	atrella Tavarez ture of a member or authorized representative of a member	Estr	Estrella Tavarez, Attorney-in-Fact Printed or typed name of signee				
I herel provisi the obl to merc	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I if I in writing of this change.	ree to act perform d for in C hereby co	in this cap ince of my hapter 60, infirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability co	to comply liar with a ument is b ompany he	with t and acc eing fil as been	he ept ed

Signature of Registered Agons

atrella Tavarez Estrella Tavarez, Special Secretary