## 1112000001014

| (Re                                     | questor's Name)   |             |
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D. SRUCE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
1-800-927-9801

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sarah Mcknight Ext: 63493

Email: smcknigl@cscinfo.com

Date: July 25, 2013

Order#: 732974-015

Re: TWICE AROUND MANAGER LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.
XX Other: A COPY IN CASE NEEDED.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return by regular mail.

## SPECIAL INSTRUCTIONS:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.FILE



## 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: Twice Arour  | nd Manager LLC   |
|--|--|
| 2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)  | pany: <u>C/O</u> Sutton East Corp.  590 Madison Avenue  New York, NY 10022   |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |  |
| 12/17/2012   | M12000007014   |
| 3. Date of filing/registration in Florida  | 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown  | on the records of the Florida Dept. of State:  |
| Registered Agent:  | William Weisman, Esq.  |
| Registered Office Address:   | C/O Weisman, Brodie, Starr & Margolies, PA<br>140 N. Federal Highway, 2nd Floor<br>Boca Raton, FL 33432  |
| (b) Enter name of <b>NEW Registered Agent</b> and/or   | NEW Registered Office address:   |
| NEW Registered Agent:  | Corporation Service Company  |
| <u>NEW</u> Registered Office Address:<br>(MUST BE FLORIDA STREET ADDRESS)  | 1201 Hays Street   |
| •  | Tallahassee ,FL 32301  |
| If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in the business of the limited liability company or as other members of the limited liability company or as other operating agreement of the limited liability company.  Signature of member or authorized representative of a member | he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or my. |
| Asally Adib Samadian   |  |
| Printed or typed name of signee  | මු <u>ල</u> ය  |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608. F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability of the By.  By.  Signature of Registered Agent Corporation Service Compar  | stant VP   |
|  |  |

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