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COVER LETTER

FO: Registration Section Division of Corporations	•
Two D Holdings, LLC dba Two D Holdings Fl	lorida, LLC
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Dawn Greenkorn	
Name of Person	
Two D Holdings, LLC	
Firm/Company	
37 Tropicana Dr	
Address	
Punta Gorda, FL 33950	
City/State and Zip Code	
dawn.greenkorn@twodholdings.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	dl:
Dawn Greenkorn 81.	2 585-0025
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 amount:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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)	Principal office address of limited liability co	mpany:	(b)		
	(<u>Note: MUST BE STREET ADDRES.</u>	• •		;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Che	eyenne, WY 82001			Cheyenne.	WY 82001
10/2	28/2019		1		508
	Date of filing/registration in Florid	a 4.			Document number
Daw	vn Greenkorn				
Regi	stered Agent and Registered Office shown on the	e records of the Fl	orida	Dept. of State	r:
_	istered Office Address (MUST BE FLORID) 00 Southshore Dr #63A	<u>1 STREET ADDE</u>	(ESS)		-
Pun	nta Gorda	F1 3395	50		
		· ·			
")	n Greenkorn				
Enter	r name of NEW Registered Agent and/or NEW	Registered Offic	e add	ress:	(9 (7)
NEV	W Registered Office Address:				
37	Tropicana Dr				
Pun	nta Gorda	FL3395	50		_
ge or cl t will b were at	ed liability company is not organized und hanges are made, the Florida street addr be identical. Or, in the case of a Florida uthorized by an affirmative vote of the n of organization or the operating agreem	ess of the regis limited liability nembers of the cott of the limit	stered y cor limi and li	d office and npany, it is ted liability ability com	I the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
1	Ta humber or authorized representative of a men		Dawr	Greenkorn	
1-1-1-1	The contract of the contract of many and according to the contract of	nher			Printed or typed name of signee