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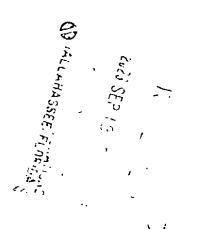
(Requestor's Name)						
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SECRETARY OF STATE OF ALL MINAS YELF FLORES



COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations TWIN CAPITAL LLC SUBJECT: ____ 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: Name of Person COGENCY GLOBAL INC. Firm/Company 115 North Calhoun Street, Suite 4 Address Tallahassee, FL 32301 City/State and Zip Code dlittwin@dugganbertsch.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

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.

Name of the limited liability company:		TWIN CAPITAL LLC			
2.	(a)	250 SABAL PALM LN.	(b)	250 SABAL PALM LN.	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \ /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		VERO BEACH, FL 32963		VERO BEACH, FL 32963	
		08/12/2021		M21000010477	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	DUGGAN BERTSCH PLLC			
		Registered Agent and Registered Office shown on the records of th	the Florida Dept. of State:		
		875 109TH AVENUE N.		SE	
		Registered Office Address (MUST BE FLORIDA STREET A)	전 · · · · · · · · · · · · · · · · · · ·		
		Suite 302			
		NAPLES, FL_	34108	2023 SEP 18 AM 9: 00 SECRETARY OF STATE	
	(b)	(b) Cogency Global Inc.			
		Enter name of NEW Registered Agent and/or NEW Registered (office address:		
		115 North Calhoun Street, Suite 4			
		NEW Registered Office Address:			
		Tallahassee FL_	32301		
th ag w	e cha gent v as/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	he registered bility compan the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
/S/ James M. Duggan		James M. Duggan			
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
pr th to	ovisi e obi mer	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change.	e to act in this performance of for in Chapte ereby confirm	s capacity. I further agree to comply with the if my duties, and I am familiar with and accept ir 605, F.S. Or, if this document is being filed that the limited liability company has been	
		/S/ Sean Chase			
S	ignatu	re of Registered Agent			