M21000010647

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	(City/State/Zip/Pfione #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
	,	
Certified Copies	Certificates of S	talus
Special Instructions to	Filing Officer:	
		•

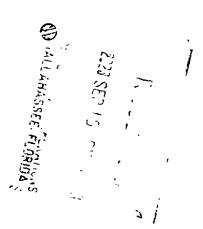
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2023 SEP 18 AN 10: 03





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:09/1	8/2023	
Name:)	(avian Brown	<u> </u>
Reference #:		<u> </u>
	TWIN EN	TERPRISES, LLC
	ncorporation/Authorizatio	
Amendmen	t	
Change of	Agent	
☐ Reinstatem	ent	
☐ Conversion		
☐ Merger		
☐ Dissolution	Withdrawal	
☐ Fictitious N	ame	
Other		
Authorized Amour	at:\$25.00	
Signature:	7/ <i>//</i> //	

F: +852.2682.9790

COVER LETTER

TO:

INHS18 (2/14)

TO:	Division of Corporations				
SUBJ		TWIN ENTERPRISES, LLC			
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offic	e 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				
ŀ	E-mail address: (to be used for future annu	al report notification)			
For fu	rther information concerning this matter, p	please call:			
		at ()			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
	Enclosed is a check for the following a	imount:			
	☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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 ENTERPRISES, LLC		
2. (a)	250 SABAL PALM LN.	(b)	250 SABAL PALM LN.	
2. (a)	Principal office address of limited liability company: Mailing		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	VERO BEACH, FL 32963		VERO BEACH, FL 32963	
	08/16/2021		M21000010647	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	DUGGAN BERTSCH PLLC			
(1)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:	
	875 109TH AVENUE N.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Suite 302		FE M T	
	NAPLES , FL	34108	PILE AND SEP 18 AND SE	
(b)			AMID: 03	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	. 03 PATE DRID	
	115 North Calhoun Street, Suite 4		P	
	NEW Registered Office Address:			
	Tallahassee	32301		
the cha agent v was/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in	
/S/ James M. Duggan			James M. Duggan	
	ature of a member or authorized representative of a member		Printed or typed name of signee	
I here provisi the obl to mer notified	hy accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It d'in writing of this change.	ree to act in thi performance of d for in Chapte hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed that the limited liability company has been	
	/S/ Sean Chase			

Signature of Registered Agent