

N15000011910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

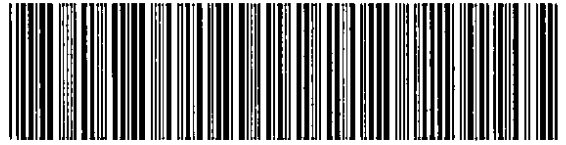
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Just changing
address for Betty Gatto
2/5/19

Corp cannot be kept*

Office Use Only



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01/07/19--01009--003 **35.00

19 FEB - 5 AM 9: 25
DEPT OF STATE
CORPORATION

FEB - 8 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Twisted SISTA'S CORP
Name of Corporation

DOCUMENT NUMBER: N150000 11910

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Kelly GATTO
Name of Contact Person

Twisted SISTA'S CORP
Firm/Company

8502 GULF BLVD # 42
Address

NAVARRE FL 32566
City/State and Zip Code

TwistedSISTASCORP@gmail.com
E-mail address: (to be used for future annual report notification)

19 FEB - 5 AM 9:25
RECEIVED STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Kelly GATTO at (901) 517-4890
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2019

KELLY GATTO
TWISTED SISTA'S CORP
8522 GULF BLVD #42
NAVARRE, FL 32566

SUBJECT: TWISTED SISTA'S CORP
Ref. Number: N15000011910

We have received your document for TWISTED SISTA'S CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 919A00001403

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Twisted SISTAS CORP
2. The principal office address: 8522 GULF BLVD #42
NAUARRE FL 32566
3. The mailing address (if different): 8522 GULF BLVD #42
NAUARRE FL 32566
4. Date of incorporation/qualification: _____ Document number: N15000011910
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

8522 GULF BLVD #37
NAUARRE FL 32566

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

8522 GULF BLVD #42
P.O. Box NOT acceptable
NAUARRE FL 32566

FILED
DIVISION OF CORPORATIONS
10 FEB - 5 AM 9:25

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kelly Gatto
Signature of an officer or director

Kelly Gatto President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

James J. Roberts
Signature of Registered Agent

1/1/2019
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***