Division of Corporations



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(((H22000021906 3)))



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Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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rmail	Address:	

REGISTERED AGENT CHANGE TW ACQUISITIONS, INC.

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C. BRUNBLEY

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COVER LETTER

TO: Amendment Section Division of Corporations TW ACQUISITIONS, INC. SUBJECT: Name of Corporation P01000003829 DOCUMENT NUMBER: 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: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 6, ange is submitted for a corporation er to change its registered office or	organized	under the la	ows of the State of	Florida	is
1. The name of 2. The principal	the corporation: TW ACQUISI office address: 4900 N. SCOTDALE, AZ 85251	TIONS,	INC.			
3. The mailing a	address (if different):	.– <u>.</u>	<u>-</u>			
4. Date of incorp	poration/qualification: 1/10/200	1	_ Document	number: P0100	00003829	9
	d street address of the current regist rtment of State: (If resigned, enter r		and registen	ed office on file w	vith the	
	NRAI SERVICES, IN	1C				
	1200 SOUTH PINE ISLAN	D ROAD			~ 54	2
	PLANTATION		FL	33324	_ , .	2022 JAN 18
6. The name and (if changed):	d street address of the new registere Registered Agent Sol		-	d for registered of		118 AM 8:
	155 Office Plaza Dr.		Suite A		_ '	: 20
	Tallahassee	P.O. Box NO	acceptable 3230	1	_	
The street address changed will	ess of its registered office and the be identical.	street addr	ess of the bu	isiness office of i	its registered	l agent,
Such change wa authorized by th	as authorized by resolution duly ac he board, or the corporation has be	dopted by en notified	its board of o	directors or by an	officer so	
s/ Jaclyn V	Vright		lyn Wrigh	nt	ass	
hereby accept further agree to f my duties, an locument is bei	wot an officer or director the appointment as registered age to comply with the provisions of a ed I am familiar with and accept th ny filed merely to reflect a change when notified in writing of this ch	u statutes re obligati e in the res	ran ta aat in	ted or typed name and this capacity this capacity he proper and con- tition as registere he address, I here.		ormance r, if this that the
Hode	angust t	0	1/17/2022	2		
Sign Fairming on Bull	nature of Registered Agent			Date		
	half of an entity:					
····	Assistant Secretary					
·	* * * FILIN	G FEE: S	35.00 * * *			