

PO20000097748

\_\_\_\_\_  
(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:

\_\_\_\_\_

Office Use Only



200251615792

09/16/13--01018--034 \*\*35.00

13 SEP 16 AM 11:34

Rd/chg  
@ 9.24.13

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TWINBAY REALTY, INC  
Name of Corporation

**DOCUMENT NUMBER:** PO 2000097748

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:

LAP T UNZICKER  
Name of Contact Person

TWINBAY REALTY, INC  
Firm/Company

6610 N. Willow Ave  
Address

TAMPA, FL 33604  
City/State and Zip Code

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

For further information concerning this matter, please call:

LAP T UNZICKER at (813) 935-9545  
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

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TWINBAY REALTY, INC  
2. The principal office address: 6610 N. WILLOW AVE  
TAMPA, FL 33604  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9-10-2002 Document number: PO 2000097748

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)

LAP T UNZICKER  
6909 N. Rome AVE  
TAMPA, FL 33604

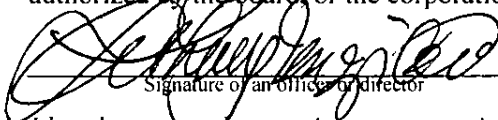
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LAP T UNZICKER  
6610 N. WILLOW AVE  
TAMPA FL 33604

P.O. Box NOT acceptable

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.

  
Signature of an officer or director

LAP T UNZICKER  
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.

  
Signature of Registered Agent

September 9-2013  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

13 SEP 16 PM 11:34  
RECEIVED  
CORPORATIONS  
DIVISION