

PO7000119740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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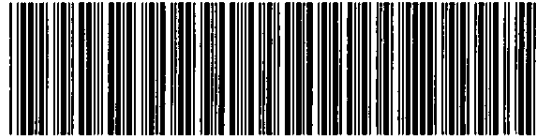
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

KA Change
There is
5/14/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TWIN SISTERS INVESTMENTS INC + HILARY MIAMI
(Name of Corporation) INVESTMENTS INC.

DOCUMENT NUMBER: + P07000 119736

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:

UGO V. CHIARATO

(Name of Contact Person)

C.P.A.

(Firm/Company)

9999 NE 2ND AVENUE - SUITE 218

(Address)

MIAMI SHORES FLORIDA 33138

(City/State and Zip Code)

For further information concerning this matter, please call:

UGO V. CHIARATO, CPA. at (305) 899.5099

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

1. The name of the corporation: TWINS SISTERS INVESTMENTS, INC.
2. The principal office address: 9999 NE 2ND AVENUE STE 218
MIAMI SHORES FL 33138
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Nov 1, 2007 Document number: P07000119740

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CAFFARI MASSIMILIANO
20533 BISCAYNE BLVD - SUITE 471
AVENTURA FLORIDA 33180

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

CHIARATO UGO
9999 NE 2ND AVENUE - SUITE 218
(P.O. Box NOT acceptable)
MIAMI SHORES FLORIDA 33138

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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)

MASSIMILIANO CAFFARI, 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.


(Signature of Registered Agent)

04/30/2008
(Date)

If signing on behalf of an entity: