Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)

Account Number : 075201001473 Phone : (561)650-7900

Fax Number : (561)655-6222

RECEIVED 2009 JAN 12 AM 8: OL SECRETARY OF STATE ALLAHASSEE. FLORIDA

REGISTERED AGENT CHANGE

TWIN TOWERS TRADING, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, 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: Twin Towers Trading. 1	nc.	
The principal office address: 1880 North Congress A	venue, Suite 215	
Boynton Beach, FL 33-	426	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 01/05/2009	Document number: <u>P0900000576</u>	
The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned)	and registered office on file with the	
Donald K. Porges	AGE L	
1800 North Congress Avenue, Suite	e 215 ZA	
Boynton Beach, FL 33426	SEE: Y OF	
6. The name and street address of the new registered agent (if (if changed):	e 215 changed) and /or registered office changed) and /or registered office	
Donald K. Porges	7	
1880 North Congress Avenue, Suit (P.O. Box NOT acceptable)	e 215	
Boynton Beach, FL 33426	<u> </u>	
The street address of its registered office and the street add as changed will be identical.	·	
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notific	its board of directors or by an officer so ed in writing of the change.	
	Donald K. Porges. Secretary (Printed or typed name and title)	
I hereby accept the appointment as registered agent and a I further agree to comply with the provisions of all statutes of my duties, and I am familiar with and accept the obligat document is being filed merely to reflect a change in the recorporation has been notified in writing of this change.	gree to act in this capacity. relative to the proper and complete performance ion of my position as registered agent. Or, if this egistered office address, I hereby confirm that the	
30 5WEL	01/07/2009	
If signing on behalf of an entity:	. (Date)	
(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 CR2E045 (8/05)