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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: TWINN Palms, INC. Name of Corporation			
DOCUMENT NUMBER: P12000042515			
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:			
Malka Bakhardari Name of Contact Person			
TWINN Palms, INC.			
2121 Avenue of the Stars, Suite 2450			
Los Angeles, CA 90067 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Malka Balchacdaei at (424) 354-5041 Name of Contact Person Area Code & Daytime Telephone Number			
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

statement of change is submitted for a corporation organized under the laws of the State of Horida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TWINN Palms, INC.
2. The principal office address: 301 E. Pine Street, Suite 525, Orlando,
FL 32801
3. The mailing address (if different): 2121 AVENUE of the Staps, Suite 2450, Los Argeles, CA 90067
4. Date of incorporation/qualification: 05/07/2012 Document number: P12000642515
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)
4700 Millewia Blvd., Svite 375
OPTANDO, FL 32839
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
301 E. Pire Street, Surte 525
Optando, FL 3280
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 Weihra (Tony) Wang President Printed or upped 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 9 21 2015 Date
If signing on behalf of an entity:
Jill Dye
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