

FEB/09/2016/TUE 11:59 AM

Katz Baskies LLC

FAX No 561-910-5701

001/003

716000011449

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000033399 3)))



H160000333993ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : KATZ BASKIES LLC
Account Number : I20080000071
Phone : (561)910-5700
Fax Number : (561)910-5701

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB -9 AM 5:03

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: thomas.katz@katzbaskies.com

REGISTERED AGENT CHANGE
TW7 CAPITAL CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

16 FEB -9 PM 12:23

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TW7 Capital Corp.

Name of Corporation

DOCUMENT NUMBER: P16000011449

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:

Thomas O. Katz

Name of Contact Person

Katz Baskies LLC

Firm/Company

2255 Glades Road Suite 240W

Address

Boca Raton, FL 33431

City/State and Zip Code

thomas.katz@katzbaskies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas O. Katz

Name of Contact Person

at (**561**) **910-5700**

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: TW7 Capital Corp.
2. The principal office address: 3787 Coventry Lane
Boca Raton, FL 33496
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/02/2016 Document number: P16000011449
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)

Dan Sheinberg3727 Coventry LaneBoca Raton, FL 33496

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

Dan Sheinberg3787 Coventry LaneBoca Raton, FL 33496

P.O. Box NOT acceptable

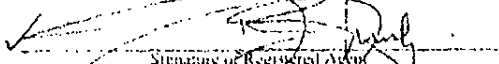
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 directorDan Sheinberg, 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 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 Agent2/9/2016

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

CR21 045 (03/12)

2016 FEB -9 AM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED