P9800000649

(Re	questor's Name)				
. (Address)					
(Ad	ldress)				
Cit	y/State/Zip/Phone	a #1)			
		<u> </u>			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



500183097375

07/15/10--01027--009 **165.00

ZOID JUL 15 A & 23
SECRETARY OF STATE
SECRETARY OF STATE

Rochange News 7-16-10

COVER LETTER

Amendment Section Division of Corporations

SUBJECT:	TWK S	ky Inc.		The state of the s		
	Name of	Corporation				
DOCUMENT NUME	BER: PS	800000664	19	केल अन्य प्रश्न है । र्ड । से क		
The enclosed Statemer	nt of Change of Registered Of	fice/Agent and	fee are submitted			
Please return all corres	spondence concerning this ma	tter to the follow	wing:	- - - -		
	Lunn	s Eronkoo		*		
Lynne Frankos Name of Contact Person						
	, tunio oi t	onitact i organ		\$		
	TWK	Sky, Inc.		¥		
_	Firm/Company					
			•	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	4767 New Bro	oad Street #	1080			
	A	ddress				
				i P		
	Orlando	, FL 32814 and Zip Code		•		
	City/State	and Zip Code				
	lfrankos@ma	sterlinking or	ാന	* a		
E-1	mail address: (to be used fo			ion)		
	,		•	* *** **		
For further information	n concerning this matter, pleas	e call:		• • •		
Lv	nne Frankos	₋₄ / 40	7 、	514-2618		
	of Contact Person	Area (ode & Daytime	514-2618 Elephone Number		
				ĭ		
Enclosed is a \$35.00 c	heck made payable to the Dep	artment of State	2 ,	∄		
				*		
	Mailing Address: Amendment Section		reet Address: nendment Section	Ž.		
	Division of Corporations		ivision of Corpo			
	P.O. Box 6327		ifton Building	iauviis		
	Tallahassee, FL 32314		61 Executive Co	enter Circle		
	· ,		Ilahassee FI 33	•		

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

statement of cha	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Sta	_{ite of} Florida
	the corporation: TWK			
2. The principal	office address: 4767 N	lew Broad Stree	et #1080	***************************************
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	1/16/1998	Document number:	P98000006649
	d street address of the current of State: (If resign		nt and registered office on	file with the
	R. Tary Kettle			
	1035 S. Semoran	Blvd. #1012		
	Winter Park, FL 3	2792		TARLERET VICE THE TARLE REAL PROPERTY.
6. The name and (if changed):	d street address of the ne	w registered agent ((if changed) and /or registe	
	R. Tary Kettle			
	4767 New Broad S	Street #1080 P.O. Box NOT a	A.1.1	PRIDE 23
	Orlando, FL 3281		oceptanic	
The street addr			ddress of the business offic	ce of its registered agent,
Such change w authorized by t	as authorized by resolut he board, or the corpora	ion duly adopted l tion has been noti	by its board of directors or fied in writing of the chan	by an officer so
Signati	ure of an officer or director		R. Tary	Kettle me and title
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to refle is been notified in writin	istered agent and isions of all statut d accept the oblig ct a change in the g of this change.	agree to act in this capaca es relative to the proper a ation of my position as re registered office address,	ity, nd complete performance gistered agent. Or, if this I hereby confirm that the
Si	gnature of Registered Agent		Dátě	
If signing on be	ehalf of an entity:			•
R. Tai	Y KEHLE Typed or Printed Name	······································		

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