9900003524. while we will all N. 700003013427-Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy ☐ Mail out Will wait ■ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit ☐ Amendment ☐ Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent ☐ Dissolution/Withdrawal Domestication Other ☐ Merger OTHER FILINGS REGISTRATION/OUALIFICATION ☐ Annual Report Foreign ☐ Fictitious Name ☐ Limited Partnership

Reinstatement
Trademark

Other

Examiner's Initials

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.150 the undersigned corporation organized under the laws of the State of	
the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered offi	
the State of Florida.	ce or registered agent, or both, th
1. The name of the corporation is: TCW ENTERS	PRISES TWO
	7/303 2/00
1150	
2. The mailing address of the corporation is: 7590 1674 A	
SAINT PETERS BURG, FL 33710	
3. Date of incorporation/qualification: 4-15-1999 Docum	ment number: <u>P 990000 35 2</u> 45
4. The name and address of the current registered agent and office:	
ESTIME, GILBERT	
17454 SW 79 COURT	
MIAMIFL 33157	D D
5. The name and address of the new registered agent and office: (P. O.	• '
CHARLES WILBER	
7590 16TH AVE N.	
ST. PETERS BURG, FL 33	710
The street address of its registered office and the street address of the agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board authorized by the board.	
(Signature of an officer, chairman or vice chairman of the board)	(Date)
CHUCK WILBER V.P.	
(Printed or typed name and title)	· · · · · · · · · · · · · · · · · · ·
Having been named as registered agent and to accept service of processory of the processory of the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obline registered agent.	cess for the above stated d agree to act in this capacity. o the proper and complete igation of my position as
Che Gwiller	16-11-49, 6
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	ARE TO
(Typed or Printed Name)	SA -
(Appea of Finnest Ivalue)	(Capacity)
* * * FILING FEE: \$35.00 * * *	9 9
CR2E045(7/97) DIVISION OF CORPORATIONS P.O. BOX 6327	WIDA 33
DIVISION OF CORPORATIONS P.O. ROY 6327 TAIL	TTADAGGE WI 2921/I