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Division of Corporations

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From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone : (904)356-2600

Fax Number : (904)355-0233

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Email Address: corpfilings@fishertousey.com

LLC REGISTERED AGENT CHANGE TWO MORE, LLC

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T.LEMIEUX

FEB - 7 2025

To: ●

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: TWO MORE, LL	-C	
2. (a)	10724 LAWSON BRANCH COURT	(b) 10724 LA	AWSON BRANCH COURT
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	JACKSONVILLE, FL 32257	JACKSO	NVILLE, FL 32257
	01/24/2025	L.25000030	785
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SHAWN ANDERSON		-
5. (a)	Registered Agent and Registered Office shown on the records of 10724 LAWSON BRANCH COURT	the Florida Dept. of Stat	C.) [2] [6]
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		D = -
	JACKSONVILLE , FL	32257	- ?:
(b)	FT CORPORATE SERVICES, LLC		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_
	501 RIVERSIDE AVENUE, SUITE 700		
	NEW Registered Office Address:		_
	JACKSONVILLE , FL	32202	_
change agent was/w the art	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of igloss of organization or the operating agreement of the	registered office an ability company, it is of the limited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
	tawn linguison		Printed or typed name of signee
I here provis the ob to mer	thy accept the appointment as registered agent and agricins of all statutes relative to the proper and complete ligations of my position as registered agent as provided the reflect a change in the registered office address. It distributes for this change. Hely of Registered Agent	ree to act in this cap, performance of my d for in Chapter 603 hereby confirm that	acity. I further garee to comply with the