

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.

(((H22000160385 3)))



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 : UNITED CORPORATE SERVICES, INC.

Account Number : I20140000108 Phone : (914)949-9188 Fax Number : (914)949-9618

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

Email Address:

## REGISTERED AGENT CHANGE TWIG EDUCATION, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute or ganized under the laws of the State of Califo egistered agent, or both, in the State of Florida	mia	_
1. The name of t	he corporation: TWIG EDUCATION	N, INC.		
		ANTA CRUZ, CA 95060		
3. The mailing a	ddress (if different):			_
4. Date of incorp	poration/qualification: 01/10/2022	Document number: F22000000261		
5. The name and		ered agent and registered office on file with the		
	REGISTERED AGENTS INC.			
	7901 4TH ST N STE 300			~
	ST PETERSBURG, FL 33702			022 H
6. The name and street address of the new registered a (if changed):		d agent (if changed) and /or registered office	12. TO 12	2022 HAY -5
	United Corporate Services, Inc.			AM IO:
	3458 Lakeshore Drive		1	0; 22
P.O. Box NOT acceptable				
	Taliahassee, Florida 32312			
The street address changed will	ss of its registered office and the s	treet address of the business office of its regi	stered ag	ent,
-		opted by its board of directors or by an office en notified in writing of the change.		
/s/David S. Alderslade David S. Alderslade, EVP and Tre		David S. Alderslade, EVP and Treasurer		
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered age the appointment as registered age to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this chi	nt and agree to act in this capacity. I statutes relative to the proper and complete e obligation of my position as registered age in the registered office address, I hereby con ange.	perform nt. Or, if ifirm that	ance this the
/s/Michael A Barr		May 3, 2022		
Sig	nature of Registered Agent	Date		_
	half of an entity:			
Michael A Barr,	President  pod or Printed Name			
•	•			

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