

K57711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

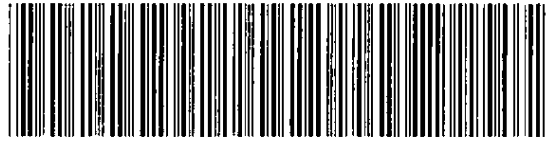
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Twin Hills Learning Center
Name of Corporation

DOCUMENT NUMBER: K57711

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:

Andrew Orsa

Name of Contact Person

Twin Hills Learning Center

Firm/Company

488 East James Lee Blvd

Address

Crestview FL 32536

City/State and Zip Code

a.orsa@yahoo.com

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

For further information concerning this matter, please call:

Andrew Orsa

Name of Contact Person

at (850) 902-1090

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TWIN HILLS LEARNING CENTER
2. The principal office address: 488 EAST JAMES LEE BLVD. CRESTVIEW FL. 32536
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/12/1989 Document number: K57711
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)

RESIGNED

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

KEVEN ORSA

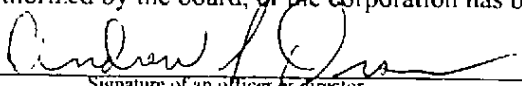
488 EAST JAMES LEE BLVD

P.O. Box NOT acceptable

CRESTVIEW FL. 32536

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 director

ANDREW J ORSA

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 I 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 Agent

06/18/2023

Date

If signing on behalf of an entity:

KEVEN A ORSA

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
CR2E045 (04/13)

FILED
23 JUN 23 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA