(Re	questor's Name)	
(Ada	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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A. RAMSEY OCT 2 7 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Filotie: 650-556-1500			
ACCOUNT NO. : 12000000195			
REFERENCE : 062316 8323810			
AUTHORIZATION: Synellocker			
COST LIMIT : \$ 87.50 35.00			
ORDER DATE: October 19, 2022			
ORDER TIME : 1:48 PM			
ORDER NO. : 062316-020			
CUSTOMER NO: 8323810			

RESIGNATION OF RA			
NAME: BON WORTH HOLDINGS, INC.			
XX _ RA RESIGNATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Eyliena Baker-EXT#			

EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations	
Bon Worth Holdings, Inc. SUBJECT:	
(Name of Corp	poration)
DOCUMENT NUMBER: F19000005213	
The enclosed Resignation of Registered Agent for a Co	rporation and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
RESIGNATION DEPARTMENT	
(Name of Person)	
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	
251 LITTLE FALLS DRIVE	
(Address)	
WILMINGTON, DE 19808	
(City/State and Zip Code)	
For further information concerning this matter, please c	all:
RESIGNATION DEPARTMENT 800 at (927-9801
	Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED

RESIGNATION OF REGISTERED AGENT 00T 26 AM 8: 41 FOR A CORPORATION

	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned.	CORPORATION SERVICE COMPANY
	(Name of Registered Agent)
hereby resigns as Registered Ager	Bon Worth Holdings, Inc.
nereoy resigns as registered riger	(Name of Corporation)
F19000005213	
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which
	Eylina Babel Assistant Vice President
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
BY EYLIENA BA	KER
	(Typed or Printed Name)
VICE PRESIDENT	
	(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314