## H09768

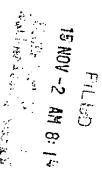
| (1)                                     |                    |                |  |
|---|--------------------|----------------|--|
| (Re                                     | equestor's Name)   |                |  |
|   |                    |                |  |
| (Ac                                     | ldress)            |                |  |
|   |                    |                |  |
| (Ad                                     | ldress)            |                |  |
|   |                    |                |  |
| (Ci                                     | ty/State/Zip/Phone | <del>+</del> ) |  |
| PICK-UP                                 | ☐ WAIT             | MAIL           |  |
|   |                    |                |  |
| (Bı                                     | siness Entity Nan  | ne)            |  |
|   |                    |                |  |
| (Do                                     | cument Number)     |                |  |
|   |                    |                |  |
| Certified Copies Certificates of Status |                    |                |  |
|   |                    |                |  |
| Special Instructions to                 | Filing Officer     |                |  |
|   | Timing Officer.    |                |  |
|   |                    |                |  |
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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Reagan H. Fox, III, Inc. (Name of Corporation)  |
| DOCUMENT NUMBER: H09768  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |
| Please return all correspondence concerning this matter to the following:  |
| Cathryne F. Newport  |
| (Name of Person)   |
| Reagan H. Fox, III, Inc.   |
| (Name of Firm/Company)   |
| 2549 Woods Creek Road  |
| (Address)  |
| Perry, FL 32347  |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Carolyn T. Fox  at (850) 584-2185  (Name of Person) (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.   |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| <sub>ı,</sub> <u>Cathryne</u> F. N | lewport         | , hereby resign as_               | /D              | (Title)        |   |
|------------------------------------|-----------------|-----------------------------------|-----------------|----------------|---|
| <sub>of</sub> Reagan H. Fo         | x, III, Inc.    |                                   |                 |                |   |
| H09768                             | (Name of Corpor | ration)<br>poration organized und | der the laws of | f the State of |   |
| Florida                            |                 |                                   |                 |                |   |
|                                    | Called          | Mars =                            |                 | <u></u>        |   |
|                                    | (Sygnature      | of resigning officer/direct       | or)             | 15 NOV -2 A    | T |

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314