N12000004065

(Re	equestor's Name)	
(Ad	dress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	≑ #)
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(Bu	siness Entity Nan	ne)
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Olo Resignation

COVER LETTER

TO: Amendment Section Division of Corporations
PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS - PALM BEACH CHAPTER, INC. SUBJECT: Name of Corporation
DOCUMENT NUMBER: N12000004065
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:
Carole Benowitz
Name of Contact Person
Firm/Company
• •
5761 Duckweed Rd
Lake Worth, FL 33449
City/State and Zip Code
pflag@pobox.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Carole Benowitz 561 716-9464
For further information concerning this matter, please call:
at ()
Name of Contact Person 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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Steven Greenfield	Secretary Secretary
	(Title)
PARENTS, FAMILIES AND FRIE	NDS OF LESBIANS AND GAYS - PALM BEACH CHAPTER, INC.
N12000004065 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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