

P01000 114 531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

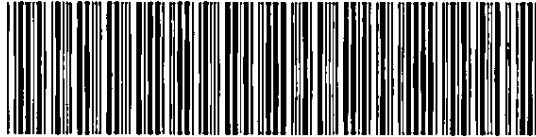
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800418013508

2023 OCT 31 PM 3:09

Director's Office
DIVISION OF CORPORATIONS
& TAX ASSESSES FLORIDA

OCT 31 PM 3:09

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 090589 8323810

AUTHORIZATION :

COST LIMIT : \$ 85.00

Eyliena Baker

ORDER DATE : October 25, 2023

ORDER TIME : 1:49 PM

ORDER NO. : 090589-005

CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: FLORIDA HOME MEDICAL EQUIPMENT
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Home Medical Equipment, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P01000114534

The enclosed Resignation of Registered Agent for a Corporation 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 call:

RESIGNATION DEPARTMENT at (800) 927-9801

(Name of Person) (Area 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 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 Agent for Florida Home Medical Equipment, Inc.
(Name of Corporation)

P01000114534
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Eyliena Baker
Assistant Vice President

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY EYLIENA BAKER

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

2023 OCT 31 PM 3:09

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**