## 666032

(Re	equestor's Name)			
(***	4			
(Ad	ldress)			
( )	· · · · · · · · · · · · · · · · · · ·			
(Ac	Idress)			
·	,			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L				

Office Use Only



500316624195

100/00/16-400001-4000 - \*\* 35.00

FILED

2018 AUG -9 PHIZ: PI

RARES

AUG 13 2018 I ALBRITTON

## **COVER LETTER**

	Amendment Section Division of Corporations
SURI	ECT: Humanatare Distribution Corp
	(Name of Corporation)
DOC	JMENT NUMBER: 666032
The er	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
RO	BIN MOLT
	(Name of Person)
COF	RPORATION SERVICE COMPANY
	(Name of Firm/Company)
80	STATE STREET
	(Address)
AL	BANY NY 12207
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
RO	BIN MOLT (Name of Person)  (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	s 607.0502(2), 617.0502(2), 607.1509,	
Florida Statutes, the undersioned C	ORPORATION SERVICE COM	MPANY
	(Name of Registered Agen	r)
hereby resigns as Registered Agent for	Humanatare Distributio	n Corp
	(Name of Corporation)	
666032		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed	I to the above listed corporation at its l	ast known address.
The agency is terminated and the offi this statement is filed.	ce discontinued on the 31st day after the	he date on which
Rd	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
ROBIN M		ZOIR AUG
	(Typed or Printed Name)	

## Fee for filing this document:

**ASST SECRETARY** 

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)