717938

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
LIVISION OF CORPORATIONS
17 NOV -6 PM 2: 10

Ra Rosignation

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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BUTLER TEMPLE, CHURCH OF G	OD IN CHRIST, INC.
(Name of Corporat	ion)
DOCUMENT NUMBER: 717938	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
ROBIN MOLT	
(Name of Person)	-
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	- - 25.50
80 STATE STREET	7 NOV
(Address)	OF CHAR
ALBANY NY 12207	6 FM
(City/State and Zip Code)	51 972 2
For further information concerning this matter, please call:	2: 10
ROBIN MOLT at (518	,433-7018 ⁵
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Pursuant to the provisions of sections 607.0502(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 BUTLER TEMPLE, CHURCH OF GOD IN CHRIST, INC.	
(Name of Corporation)	
717938	
(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.	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
ROBIN MOLT (Typed or Printed Name)	
ASST SECRETARY (Capacity)	,
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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