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(Re	equestor's Name)	
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 60'	7.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	JOHN GALE
,	(Name of registered agent)
hereby resigns as Registered Agent for _	THE ITALIANS' FOUNDATION, TNC.
	(Name of corporation)
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office of	discontinued on the 31st day after the date on which
this statement is filed.	
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(Sign	nature of resigning agent)
If signing on behalf of an entity:	J → SAR 73 =
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	/ped or Printed Name)
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	(Capacity)
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Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation

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

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314