810de3

	(Requestor's Name)
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	(Address)
	(Address)
	· · · · · · · · · · · · · · · · · · ·
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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	400
	JUL 5 JUZ3 Office Use Only
	Office Use Only



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June 29, 2023

CSC

SUBJECT: THE HERTZ CORPORATION

Ref. Number: 810663

submission date as file date.

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

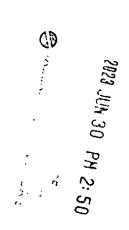
WE DO NOT HAVE CORPORATION SERVICE COMPANY AS YOUR REGISTERED AGENT IN OUR RECORDS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 623A00014761



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195		
REFERENCE : 832009 8323810		
AUTHORIZATION: Spelble no.		
COST LIMIT : \$35.00		
~		
ORDER DATE : June 22, 2023		
ORDER TIME: 12:29 PM		
ORDER NO. : 832009-005		
CUSTOMER NO: 8323810		
CHANGE OF AGENT		
NAME: THE HERTZ CORPORATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING.		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY		
CERTIFIED COPY		
CERTIFIED COPY		
CERTIFIED COPY		

EXAMINER:

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	The Hertz Corporation ECT:
	(Name of Corporation)
DOC	UMENT NUMBER: 810663
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
RESIG	SNATION DEPARTMENT
	(Name of Person)
CORP	ORATION SERVICE COMPANY
	(Name of Firm/Company)
251 LI	TTLE FALLS DRIVE
	(Address)
WILM	IINGTON, DE 19808
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
RESIC	SNATION DEPARTMENT 800 927-9801 at (
	(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.

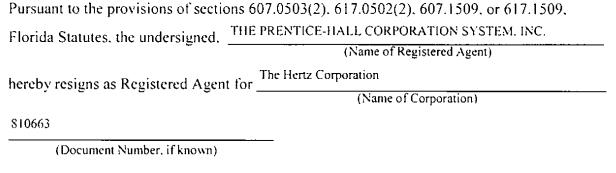
Mailing Address:

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



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:

BY ALEXXIS WEILAND-SORENSON

(Typed or Printed Name)

ASSISTANT VICE PRESIDENT

(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