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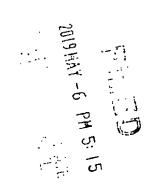
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COVER LETTER

Division of Corporations				
SUBJECT: Vestcor Fund XXIII, Ltd. Name of Limited Partnership or Limited Liability Limited Partnership				
Name of Limited Pannership	p or Limited Liability Limited Partnership			
DOCUMENT NUMBER: A000000006	19			
The enclosed Resignation of Registered Age	nt and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to:			
Corinne P. McClure, Senior Paralegal				
Contact Person				
McGuireWoods LLP				
Firm/Company				
50 North Laura Street, Suite 3	300			
Address				
Jacksonville, FL 32202				
City, State and Zip Code				
cmcclure@mcguirewoods.co	om			
E-mail address: (to be used for future annual rep	ort notification)			
For further information concerning this matter, please call:				
Corinne McClure	at (904) 798-3294			
Name of Contact Person	Area Code and Daytime Telephone Number			
Enclosed is a check made payable to the Flor	rida Department of State for:			
\$87.50 Filing Fee \$140.00 (\$8	7.50 Filing Fee and \$52.50 Certified Copy Fee)			
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, EL 32301	MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

TO: Amendment Section

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RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

	RAX Co.	, hereby resigns as
Name	e of Registered Agent	, nereby resigns as
Registered Agent for	Vestcor Fund	XXIII, Ltd.
Na	me of Limited Partnership or Lim	ited Liability Limited Partnership
A0000000		
Florida Document Num	ber, if known	
the Florida Department of		on which this statement is filed by O Agent
If signing on behalf of an	n entity:	
	Lisa O. Taylor	
	Typed or Printed N	ame 20
	President	
	Capacity	ame 2019 11.11 - 6 PH 5:
		b
		بن رب
Filing Fee:	\$87.50	
Certified Copy (optional	al): \$52.50	