0150000000020

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2021

CSC

RESUBINIT

Please give original submission date as file date.

SUBJECT: EAGLE GROWTH AND INCOME OPPORTUNITIES FUND Ref. Number: D15000000020

We have received your document for EAGLE GROWTH AND INCOME OPPORTUNITIES FUND and the authorization to debit your account in the amount of \$87.50. However, the document has not been filed and is being returned for the following:

The form you submitted is for Alien Business Organization.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 321A00017153

RECEIVED
2021 JUL 26 AMII: 58
FALLAHÄSSEE FLORI

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 921435 8323810

AUTHORIZATION :

COST LIMIT : \$ 87/50/

ORDER DATE : July 21, 2021

ORDER TIME : 10:01 AM

ORDER NO. : 921435-005

CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: EAGLE GROWTH AND INCOME

OPPORTUNITIES FUND

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Unassigned

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EAGLE GROWTH AND INCOME OPPORTUNITIES FUND (Name of Corporation)
DOCUMENT NUMBER: D15000000020
The enclosed Resignation of Registered Agent for a Trusk: and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RESIGNATION DEPARTMENT
(Name of Person)
CORPORATION SERVICE COMPANY
(Name of Firm/Company)
251 LITTLE FALLS DRIVE
(Address)
WILMINGTON, DE 19808
(City/State and Zip Code)
For further information concerning this matter, please call:
RESIGNATION DEPARTMENT (Name of Person) at (800) 927-9801 (Area Code & Daytime Telephone Number)
at (000) >2, 300.

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 TRUST

Pursuant to the provisions of sections 607.0503(2), 617.0)502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CORPORATION SE (Na	RVICE COMPANY me of Registered Agent)
hereby resigns as Registered Agent forEAGLE GROV	VTH AND INCOME OPPORTUNITIES FUND Name of Corporation)
D15000000020	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed	l corporation at its last known address.
The agency is terminated and the office discontinued on this statement is filed.	
Assistant Vice President	
(Signature of Resigning	; Agent)
If signing on behalf of an entity:	2001
BY EYLIENA BAKER	·
(Typed or Printed Na	ime)
	PH 3.
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