Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

MBOCT 24 PM 1: 1

REGISTERED AGENT RESIGNATION EQUIHOME MORTGAGE, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
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C. GOLDEN

OCT 2 5 2018

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, N	IRAI SERVICES, INC.
	(Name of Registered Agent)
hereby resigns as Registered Agent (For EQUIHOME MORTGAGE, CORP
	(Name of Corporation)
F02000003433	

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:

(Document Number, if known)

NRAI SERVICES, INC.-Kate Seidita

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

2018 OCT 24 AM 9: 24 SEURETARY OF STATE TALLAHASSEE, FL

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withdrawn corporation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