FOSCICCOACII

(Requestor's Name)
(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:

Office Use Only



800333104368

188 22734--1861/H-007 \$655.186



R. WHITE AUG 3 0 2019

COVER LETTER

TO: Amendment Section Division of Corporations $_{\mathrm{SUBJECT}}$, DIVINITY ENTERPRISES, INC. (Name of Corporation) DOCUMENT NUMBER: F03000002011 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Corinne P. McClure, Senior Paralegal (Name of Person) McGuireWoods LLP (Name of Firm/Company) 50 North Laura Street, Suite 3300 (Address) Jacksonville, FL 32202 (City/State and Zip Code) For further information concerning this matter, please call: Corinne McClure (Name of Person) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. Street Address: Mailing Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509.
Florida Statutes, the undersigned. RAX Co.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Divinity Enterprises, Inc.	
(.vanie or corporation)	
F0300002011	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	vn address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. (Signature of Resigning Agent)	on which
If signing on behalf of an entity:	
Christopher J. Thanner	
(Typed or Printed Name)	_
Vice President	2019 MIS 22
(Capacity)	5 22
Fee for filing this document: S87.50 - Active Corporation	
\$35.00 - Administratively dissolved/voluntarily dissolved	1/ 1.1

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation