## F1000000345

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400302152444

08/07/17--01005--008 \*\*87.50

-:7

Nares 14 2017

RIMME

## **COVER LETTER**

Amendment Section Division of Corporations **SUBJECT:** National Center for Policy Analysis (Name of Corporation) DOCUMENT NUMBER: F10000002345 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: **ROBIN MOLT** (Name of Person) CORPORATION SERVICE COMPANY (Name of Firm/Company) **80 STATER STREET** (Address) ALBANY NY 12207 (City/State and Zip Code) For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

at (518) 433-7018 (Area Code & Daytime Telephone Number)

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ROBIN MOLT

(Name of Person)

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

TO:

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.		
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY (Name of Registered Agent)		
hereby resigns as Registered Agent for National Center for Policy Analysis (Name of Corporation)		
F1000002345		
(Document Number, if known)		
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:		
ROBIN MOLT		
(Typed or Printed Name)		
ASST SECRETARY		
(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for filing this document:  \$87.50 - Active Corporation  \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation		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