

F120000000438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

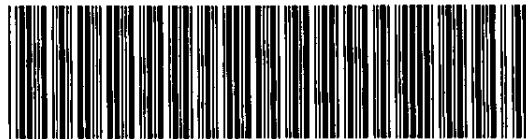
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2016 OCT 31 AM 8:46

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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voting For America Corporation
(Name of Corporation)

DOCUMENT NUMBER: F12000000438

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:

Jennifer Jacquot-DeVries
(Name of Person)

Voting for America
(Name of Firm/Company)

805 15th Street, NW Suite 250
(Address)

Washington, DC 2005
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Jacquot-DeVries at (202) 277-9625
(Name of Person) (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2016 OCT 31 AM 8:46

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, INCORP SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for Voting For America Corporation

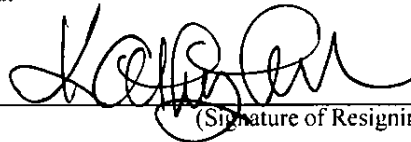
(Name of Corporation)

F12000000438

(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.



on behalf of InCorp Services, Inc.

(Signature of Resigning Agent)

If signing on behalf of an entity:

Kathy Shin

(Typed or Printed Name)

Authorized Representative

(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