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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052

Phone Fax Number : (302)531-0855 : (850)656-7953

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

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## REGISTERED AGENT RESIGNATION HOMESTEAD EQUITIES INC.

Certificate of Status	0
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Page Count	02
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**COVER LETTER** 

TO:	Amendment Section Division of Corporations
SUBJ	ECT: HOMESTEAD EQUITIES INC. (Name of Corporation)
DOC	UMENT NUMBER: F12000001780
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
EDI	E WHITEBREAD
	(Name of Person)
INC	ORPORATING SERVICES, LTD.
	(Name of Firm/Company)
3500	S. DUPONT HIGHWAY
	(Address)
DO\	/ER, DE 19901
	(City/State and Zîp Code)
For fu	orther information concerning this matter, please call:
EDIE	WHITEBREAD  at ( 302 ) 531-0855  (Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amen Divisi Clifto 2661	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle passee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

(((H13000156499 3)))

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro	visions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, th	he undersigned, INCORPORATING SERVICES, LTD.				
	<b>,</b>	(Name of Registered Agent)			
hereby resigns as F	Registered Agent for	HOMESTEAD EQUITIES INC.			
, -	•	(Name of Corporation)			
F1200000 <b>17</b> 80					
(Document N	iumber, if known)	-			
A copy of this resi	gnation was mailed t	o the above listed corporation at its last known addre	:53.		
The agency is term this statement is fi	led. Luyblag	e discontinued on the 31st day after the date on which gnature of Resigning Agent)	1		
	WANDA Y. BLAN	IKENSHIP			
_		(Typed or Printed Name)			
-	Assistant Secreta	(Capacity)	13 脚 12	0.020 TAR	
	\$87.50 - Ac \$35.00 - Ad	ng this document: tive corporation ministratively dissolved/voluntarily dissolved/ thdrawn corporation	PM 27 18	CORFORMATIONS CORPORATIONS	

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