## F14000000 2630

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations                                 |                     |
|--|---------------------|
| SUBJECT: AMERICAN MORTGAGE CORPORATION OF FLORII                               | DA, INC.            |
| (Name of Corporation)  |                     |
| DOCUMENT NUMBER: F14000002630  |                     |
| The enclosed Resignation of Registered Agent for a Corporation and fee are sul | bmitted for filing. |
| Please return all correspondence concerning this matter to the following:      |                     |
| CHRIS MAYS   |                     |
| (Name of Person)   |                     |
| PARACORP INCORPORATED  |                     |
| (Name of Firm/Company)   |                     |
| PO BOX 160568  |                     |
| (Address)  |                     |
| SACRAMENTO CA 95833  |                     |
| (City/State and Zip Code)  |                     |
| For further information concerning this matter, please call:                   |                     |
| CHRIS MAYS  (Name of Person)  at (800) 533.7272  (Area Code & Daytime Telephor |                     |
| (Name of Person) (Area Code & Daytime Telephor                                 | ne 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| FOR A CORPORATION  |   |  |
|--|---|--|
|  | O7.0502(2), 617.0502(2), 607.1509, or 617.1509.  RACORP INCORPORATED  (Name of Registered Agent)  AMERICAN MORTGAGE CORPORATION OF FLORIDA, INC.  (Name of Corporation) |  |
| Florida Statutes, the undersigned, PAF                           | RACORP INCORPORATED   |  |
|  | (Name of Registered Agent) Any  |  |
| hereby resigns as Registered Agent for                           | AMERICAN MORTGAGE CORPORATION OF FLORIDA, INC.  |  |
|  | (Name of Corporation)   |  |
| F14000002630   |   |  |
| (Document Number, if known)                                      | <del>_</del>  |  |
| A copy of this resignation was mailed to                         | the above listed corporation at its last known address.   |  |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date on which  |  |
| (Sig   | gnature of Resigning Agent)   |  |
| If signing on behalf of an entity:                               |   |  |
| ABBY PETER   |   |  |
| į  | Typed or Printed Name)  |  |
| ASST. SECRETARY  | FOR PARACORP INCORPORATED   |  |
|  | (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