## F15000001707

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





800289207288

08/23/16--01009--026 \*\*635.00

THE AUG 22 AM 8: 52

4150000001001 A150000001001

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PLAYFIT FOUNDATION, INC.
(Name of Corporation)
DOCUMENT NUMBER:
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:
Amanda Archambault
(Name of Person)  National Corporate Research  (Name of Firm/Company)
850 New Burton Rd Suite 200
Dover, DE 19904  (City/State and Zip Code)
For further information concerning this matter, please call:
Amanda Archambault (Name of Person) at (866 ) 621-3524 ext. 3041 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporati

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, National Corporate Research	
(Name of Registered Agent)	
hereby resigns as Registered Agent for PLAYFIT FOUNDATION, INC.	
(Name of Corporation)	
(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.    Compared to the discontinued on the 31st day after the date on which this statement is filed.	FILED
Hop :	는D 라 8: 52
Brooke Daugherty-Hayes	~
(Typed or Printed Name)	
Assistant 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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