## F1500005425

(Re	equestor's Name)	·
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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R. WHITE

## **COVER LETTER**

Division of Corporations	
SUBJECT: CAPITAL HON	ME LOANS, INC.
	(Name of Corporation)
DOCUMENT NUMBER: F15000	005425
The enclosed Resignation of Registere	ed Agent for a Corporation and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
Emily Smith	
(Name of Person)	)
Paracorp Incorporate	ed
(Name of Firm/Comp	pany)
PO Box 160568	
(Address)	
Sacramento, CA 958	316
(City/State and Zip C	Code)
For further information concerning thi	is matter, please call:
Emily Smith	at (888 ) 280.6563
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

ecutive Center Circle Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Furstiant to the provisions of sections $607.0502(2)$ , $617.0502(2)$ , $607.1509$ , or $617.1509$ ,
Florida Statutes, the undersigned, Paracorp Incorporated
(Name of Registered Agent)
nereby resigns as Registered Agent for CAPITAL HOME LOANS, INC.
(Name of Corporation)
F15000005425
(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 his statement is filed.
(Signature of Resigning Agent)
f signing on behalf of an entity:
Sharon Cooke, Paracorp Incorporated
(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withdrawn corporation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