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10/24/16

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 10-21-16

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ENTITY NAME:

Capital Confirmation, Inc.

****PLEASE FILE THE ATTACHED AND RETURN:****

☒ Plain Copy
☐ Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 35⁰⁰

CHECK NUMBER: 2977

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CAPITAL CONFIRMATION INC.**

(Name of Corporation)

DOCUMENT NUMBER: F16000004711

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert J. Bart

(Name of Contact Person)

Sherrard Roe Voigt & Harbison, PLC

(Firm/Company)

150 3rd Avenue South, Suite 1100

(Address)

Nashville, TN 37201

(City/State and Zip Code)

For further information concerning this matter, please call:

David C. Crenshaw

(Name of Contact Person)

at (**615**) **844-6222**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW
THE ALTERNATE NAME FOR USE IN FLORIDA**
(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned David C. Crenshaw, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

CAPITAL CONFIRMATION INC.

(Name of Corporation)

a corporation duly organized and existing under the laws of Delaware,
(State or Country)

was adopted on October 20, 2016 withdrawing the alternate

name of CCI Inc.
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: October 20, 2016

Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Chief Financial Officer, Secretary and Treasurer

Title of person signing

FILING FEE \$35
Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E124 (04/12)

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2016 OCT 21 AM 9:36

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