

F170000000491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

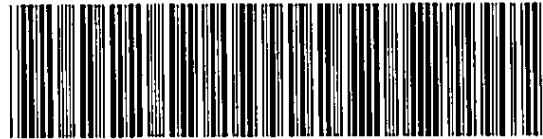
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 FEB 28 PM 3:44

QM
3/13/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Marine Sanctuary Foundation
(Name of Corporation)

DOCUMENT NUMBER: F17000000481

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:

Olivia Mills

(Name of Person)

Labyrinth, Inc.

(Name of Firm/Company)

1959 Palomar Oaks Way, Suite 300

(Address)

Carlsbad, CA 92011

(City/State and Zip Code)

For further information concerning this matter, please call:

Olivia Mills

(Name of Person)

at (760) 931-2620 ext 208

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Incorp Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for NATIONAL MARINE SANCTUARY FOUNDATION
INCORPORATED

(Name of Corporation)

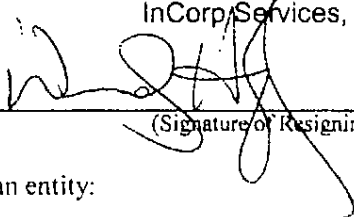
F17000000481

(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.

InCorp Services, Inc.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Wendy Heslev

(Typed or Printed Name)

Authorized Representative on behalf of Incorp Services, Inc.

(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

2020 FEB 28 PM 3:44
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS