F2300003769

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(3,7,2,3,2,2,7,7,7,7,7,7,7,7,7,7,7,7,7,7,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

10:	Amendment Section Division of Corporations			
SURI	ECT: FIDELITY CAPI	TAL HOL	DINGS, INC.	
13 () ()	nter	(Name of Corporat	ion)	
DOC	UMENT NUMBER: F23000003	3769		
The e	nclosed Resignation of Registered A	gent for a Corpora	ation and fee are submitted for filing.	
Please	e return all correspondence concerni	ng this matter to t	he following:	
Re	bekka Eiben			
	(Name of Person)		-	
PA	RACORP INCORP	ORATED		
	(Name of Firm/Company)	-	
PO	BOX 160568			
	(Address)		-	
SA	CRAMENTO CA 95	833		
	(City/State and Zip Code))	-	
For fi	irther information concerning this m	atter, please call:		
Re	bekka Eiben	at (800	533.7272 & Daytime Telephone Number)	
	(Name of Person)	(Area Code	& Daytime Telephone Number)	
Enclo	osed is a check made payable to the F 5.00 for an administratively dissolve	lorida Departmen d, voluntarily diss	nt of State for \$87.50 for an active corpsolved or withdrawn corporation.	ora

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 secti	ons 607.0502(2), 617.0502(2), 607.1509	, or ol/	1509,		
Florida Statutes, the undersigned, PARACORP INCORPORATED (Name of Registered Agent)					
	(Name of Registered Age	,			
hereby resions as Registered Ager	or for FIDELITY CAPITAL HO	LDING	3S, 1	NC.	
hereby resigns as Registered Agent for FIDELITY CAPITAL HOLDINGS (Name of Corporation)					
F23000003769					
(Document Number, if known)					
A copy of this resignation was ma	tiled to the above listed corporation at its	last kno	wn ad	dress.	
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after	the date	on wh	iich	
	QD:		~2		
	(Signature of Resigning Agent)	-	2024 NOV 15		
If signing on behalf of an entity:					
Abigale Pe	eterson	r oi Assi			
	(Typed or Printed Name)	STATE E, FL	AM 7:31		
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