## Rorida Department of State ADivisión of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)517-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## REGISTERED AGENT RESIGNATION ESCOLA AMERICANA DO RIO DE JANEIRO FOUNDATION, INC.

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Corporate Filing Menu

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ		
DOC	(Name of Corporation)  UMENT NUMBER: NO200005691	
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
MÇ	DNICACLIFFORD	
	(Name of Person)	
INC	ORPORATING SERVICES, LTD.	,
	(Name of Firm/Company)	
350	0 S DUPONT HWY	
	(Address)	
DO	VER, DE 19901	
	(City/State and Zip Code)	
For fu	urther information concerning this matter, please call:	
MC	ONICA CLIFFORD at (800 ) 346-4646	
<u>-</u>	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclo or \$3	osed is a check made payable to the Florida Department of State for \$87.50 for an active corporate 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	tion
Amen Divisi Clifto 2661	Mailing Address:  Amendment Section  ion of Corporations  on Building  Executive Center Circle  hassee, 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, INCORPORATING SERVICES, LTD.		
(Name of Registered Agent)		
hereby resigns as Registered Agent for ESCOLA AMERICANA DO RIO DE JANEIRO FOUNDATION, INC.		
(Name of Corporation)		
N0200005691		
(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.  (Signature of Resigning Agent)	16 No.	<b>-</b> 11
If signing on behalf of arrentity:	i 圣 ā 人 !	=
AMY BALKE	ii 🚒	
(Typed or Printed Name)	(10: 03	
ASSISTANT SECRETARY	<b>™ Ϫ</b>	

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

(Capacity)