N110000000001

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

Office Use Only



200272341682

05/04/15--01023--001 **87.50

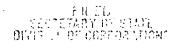
15 MAY - I. F

4 - 5 C. C. USCO JO ASTSOLIO 1V - 1 APPJ 8, 133 1V - 1 APPJ 8, 133

65

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: THE ZACH GIBLER FOUNDATION, INC. (Name of Corporation)
DOCU	JMENT NUMBER: N11000000701
The en	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Rhonda Peirce (Name of Person)
Capit	ol Services Registered Agent Department (Name of Firm/Company)
	800 Brazos, Ste 400
	(Address)
	Austin, TX 78701 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Rhon	(Name of Person) at (800) 345-4647 (Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amend Division Clifton 2661 E	Address: diment Section on of Corporations on Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



15 MAY -4 PM 2: 15

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, Capitol Corporate Services, Inc. (Name of Registered Agent)
hereby resigns as Registered Agent for THE ZACH GIBLER FOUNDATION, INC (Name of Corporation)
N1100000701
(Document Number, it 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.
Jo Fri
(Signature of Resigning Agent)
If signing on behalf of an entity:
Jason Fischer
(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