

N11 000000 5078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

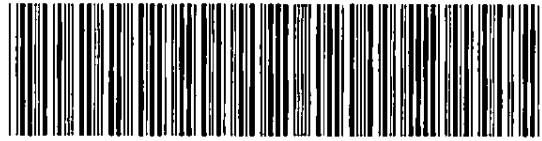
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

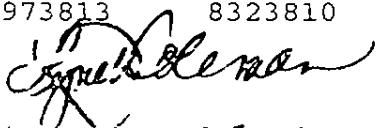
Office Use Only



900415123459

FILED
2023 SEP 14 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 973813 8323810
AUTHORIZATION : 
COST LIMIT : \$ ~~85.00~~ 35.00

ORDER DATE : September 6, 2023
ORDER TIME : 10:38 AM
ORDER NO. : 973813-005
CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: JACKSON MEMORIAL INTERNATIONAL
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jackson Memorial International Inc.

(Name of Corporation)

DOCUMENT NUMBER: N11000005078

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:

RESIGNATION DEPARTMENT

(Name of Person)

CORPORATION SERVICE COMPANY

(Name of Firm/Company)

251 LITTLE FALLS DRIVE

(Address)

WILMINGTON, DE 19808

(City/State and Zip Code)

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT _____ at (800 _____) 927-9801
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, CORPORATION SERVICE COMPANY

(Name of Registered Agent)

hereby resigns as Registered Agent for Jackson Memorial International Inc.

(Name of Corporation)

N11000005078

(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.

Eylena Baker
Assistant Vice President

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY EYLIENA BAKER

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

FILED
2023 SEP 14 AM 9:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: JACKSON MEMORIAL INTERNATIONAL, INC.
Ref. Number: N11000005078

We have received your document for JACKSON MEMORIAL INTERNATIONAL, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 823A00021274

2023 SEP 18 PM 3:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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(Name of Corporation)

N11000005078

(Document Number, if known)

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The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Assistant Vice President

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY EYLIENA BAKER

(Typed or Printed Name)

VICE PRESIDENT

(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