

N140000071163

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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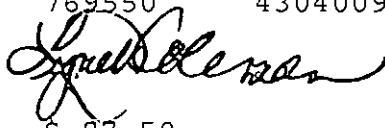
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R. WHITE
MAY 17 2019

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

ACCOUNT NO. : I20000000195
REFERENCE : 769550 4304009
AUTHORIZATION : 
COST LIMIT : \$ 87.50

ORDER DATE : May 15, 2019
ORDER TIME : 9:27 AM
ORDER NO. : 769550-005
CUSTOMER NO: 4304009

DOMESTIC AMENDMENT FILING

NAME: FESTIVAL HOMEOWNERS
ASSOCIATION, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Festival Homeowners Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N14000007163

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:

William Bullock

(Name of Person)

(Name of Firm/Company)

4042 Park Oaks Blvd., Suite 450

(Address)

Tampa, FL 33610

(City/State and Zip Code)

For further information concerning this matter, please call:

William Bullock

(Name of Person)

at ()

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, William Bullock

(Name of Registered Agent)

hereby resigns as Registered Agent for Festivál Homeowners Association, Inc.
(Name of Corporation)

N14000007163

(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)

If signing on behalf of an entity:

(Typed or Printed Name)

(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**

2019 MAY 16 AM 8:15

FILED