N 19 000009541

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Addiess) |
| |
| (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



200336312902

11/01/19--01017--030 **35.00

FILED
19 100 -1 PH 1: 11

T SCHROEDER

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Central Florida Veterans Mental Health Council, INC. |
| (Name of Corporation) DOCUMENT NUMBER: N19000009541 |
| 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: |
| United States Corporation Agents, Inc. (Name of Person) |
| Legalzoom.com, Inc. (Name of Firm/Company) |
| 101 North Brand Blvd. 11th Floor (Address) |
| Glendale, CA 91203 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Janna Pantoja at (800) 773-0888 x3950 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, F1, 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 sect | ions 607.0502(2), 617.0502(2), 607. | 1509, or 617,1509. | |
|--|--|----------------------------|--|
| Horida Statutes, the undersigned. United States Corporation Agents, Inc. | | | |
| | (Name of Registere | d Agent) | |
| hereby resigns as Registered Age | nt for Central Florida Veterans Mer | ntal Health Council, INC. | |
| | (Name of Corpor | ation | |
| N19000009541 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was ma | ailed to the above listed corporation : | at its fast known address. | |
| The agency is terminated and the this statement is filed. | office discontinued on the 31st day of the discontinued of the 31st day of the | ifter the date on which | |
| If signing on behalf of an entity: | | 19 | |
| Cheyenne | <u></u> | | |
| | (Typed or Printed Name) | | |
| | | | |
| Assistant S | Secretary | 42 - O | |
| | (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, F1, 32344