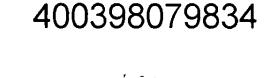
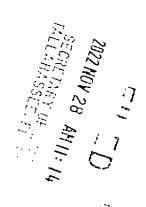
N20000003640

(Requestor's Name)		
(Address)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Littly Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		
FEB 17 2023		

Office Use Only



NOV 2 8 2022



COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ONE HUMAN FAMILY BURNERS Corp.
	(Name of Corporation)
DOC	UMENT NUMBER: N20000003640
The e	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:
MARI	AH ESTERS-RIMMER
	(Name of Person)
LEGA	LCORP SOLUTIONS, LLC
	(Name of Firm/Company)
3 Gree	enway Plaza Ste 1320
	(Address)
Housto	on, TX 77046
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
MARI	AH ESTERS-RIMMER 888 534-3018 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2022	011
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19.50g	AN11.14
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	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	LEGALCORP SOLUTIONS, LLC
,	(Name of Registered Agent)
hereby resigns as Registered Agen	ONE HUMAN FAMILY BURNERS Corp.
neredy resigns as Registered Agen	(Name of Corporation)
N20000003640	
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Travis Crabtree	
	(Typed or Printed Name)
Member	
	(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