

N21000011539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

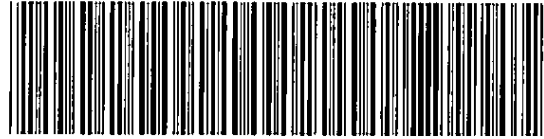
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT :

Louise Sorenson
\$87.50

ORDER DATE : 02/27/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

CHANGE OF AGENT

NAME: Whitedove Academy For The Gifted, Inc.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
___ ☒ ___ PLAIN STAMPED COPY

CONTACT PERSON: ALEXIS WEILAND-SORENSEN

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Whitedove Academy For The Gifted, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N21000011539

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Whitedove Academy For The Gifted, Inc.

(Name of Corporation)

N21000011539

(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:

BY ALEXIS WEILAND-SORENSEN

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 FEB 27 AM 9:30

FILED

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