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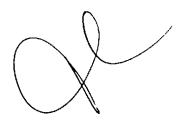
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special medication to 1 ming officers





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05/01/24--01019--003 \$5.00 \$24.00 T AM 8: 46



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: White Lion Charity Inc	
(Name of Corporation)	
DOCUMENT NUMBER: N23000004559	
The enclosed Resignation of Registered Agent for a Corporation and fee are subm	itted for filing.
Please return all correspondence concerning this matter to the following:	
UNITED STATES CORPORATION	
(Name of Person)	
Legalzoom.com, Inc.	2021
(Name of Firm/Company)	3 "N
9900 Spectrum Dr.	2024 HAY - 1
(Address)	85 - 17
Austin, TX 78717	AM 8: 46
(City/State and Zip Code)	- 18 €
For further information concerning this matter, please call:	
(Name of Person) at (800) 773-0888 (Area Code & Daytime Telephone)	
(Name of Person) (Area Code & Daytime Telephone)	Number)
Englaced is a check made revokle to the Elevide Department of State for \$87.50 fe	or an active cornoration

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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. UNITED STATES CORPORATION			
(Name of Registered Agent)			
hereby resigns as Registered Agent for White Lion Charity Inc			
(Name of Corporation)			
N23000004559			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last know	wn add	lress.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	on whi	ch	
(Signature of Resigning Agent)			
If signing on behalf of an entity:	<u> </u>	202י	
,	,·	TK.	
Cheyenne Moseley	5.7.	2024 MAY - 1 AM 8: 46	general Parties
(Typed or Printed Name)	55 1 55 7 53 6	_	j Pr
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Asst. Secretary for United States Corporation Agents, Inc.	<u>جڙ ت</u>	ا 3	(h)
(Capacity)	-	9	

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