## PO1000030045

(Re	questor's Name)	_	_
(Add	dress)		_
(Ada	dress)		_
(Cit	y/State/Zip/Phone	#)	_
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Do	cument Number)		<u> </u>
Certified Copies	_ Certificates	of Status	<u> </u>
Special Instructions to	Filing Officer:	<u> </u>	

Office Use Only



800329419268

05/17/19--01022--019 \*+35.00

SECRETARY OF STATE

UN 08 2019 CONSOEDER

## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: F.N.B. Corporation (Name of Corporation) DOCUMENT NUMBER: P01000030045 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: Corinne P. McClure, Senior Paralegal (Name of Person) McGuireWoods LLP (Name of Firm/Company) 50 North Laura Street, Suite 3300 Jacksonville, FL 32202 (City/State and Zip Code) For further information concerning this matter, please call:

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Corinne McClure

(Name of Person)

Tallahassee, FL 32301

Mailing Address:

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Ameridment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, RA	(Name of Registered Agent)	
ا به hereby resigns as Registered Agent for		
	(Name of Corporation)	
P01000030045		
(Document Number, if known)		
A copy of this resignation was mailed to	the above listed corporation at its last known addres	SS.
this statement is filed.	discontinued on the 31st day after the date on which	
Tria	d. Jaylor  mature of Resigning Agent)	
(Signing on behalf of an entity:	Typed or Printed Name)	<u>ĥ-</u>
Lisa O. Taylor	55 - 7 55 - 7 57 - 7	:1
C	Typed or Printed Name)	C
President	0.00 A S I	
	(Capacity)	
\$87.50 - Acti \$35.00 - Adn	this document: ive Corporation ninistratively dissolved/voluntarily dissolved/ hdrawn corporation	
	to Florida Department of State and mail to: Division of Corporations P.O. Box 6327	

Tallahassee, FL 32314