(Re	questor's Name)	
(Ad	dress)	•
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Resignation of Directors	nip
	(Name of Corporation)
DOCUMENT NUMBER: P070000	41457
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing
Please return all correspondence concern	ing this matter to the following:
John Clark Bills	
(Name of Person)	
Agilis Financial Services, Inc.	
(Name of Firm/Compan	y)
3930 RCA Boulevard, Suite 3000	
(Address)	The second secon
Palm Beach Gardens, FL 33410	
(City/State and Zip Cod	e)
For further information concerning this n	natter, please call:
Michael A. Ladd	at (561) 472-3130
(Name of Person)	at (561) 472-3130 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pay	able to the Florida Department of State.
Amendment Section An Division of Corporations Div Clifton Building Pos	niling Address: nendment Section vision of Corporations st Office Box 6327 llahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, John Clark Bills	, hereby resign as Director	
***************************************	(Title)	
of Agilis Financial Services, Inc.	,	
(Name of Corpo	ration)	
P07000041457 , a cor (Document Number, if known)	poration organized under the laws of the State of	
Florida		
(Signature	SECRETARY OF STATE OF RIGHTS TO STATE OF STATE O	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314