P15000080723

(Re	questor's Name)	
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(Ad	dress)	
(Ad	diess)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	;
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Office Use Only



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C. GOLDEN NOV 0 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GILCHRIST PROPERTIES, INC.
(Name of Corporation)
DOCUMENT NUMBER: P15000080723
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:
KATELYN BEAN
(Name of Person)
PARACORP INCORPORATED
(Name of Firm/Company)
PO BOX 160568
(Address)
SACRAMENTO, CA 95816
(City/State and Zip Code)
For further information concerning this matter, please call:
KATELYN BEAN 800 533-7272
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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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 61	7.1509,	
Florida Statutes, the undersigned, PARACORP INCORPORATED		
(Name of Registered Agent)		
hereby resigns as Registered Agent for GILCHRIST PROPERTIE	ES, IN	1C.
(Name of Corporation)		
P15000080723		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kn	own ado	dress.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent)	e on wh	ich
If signing on behalf of an entity:		
LETICIA BURLESON (Typed or Printed Name)	Va	2017 NOV - 6
ASST SECRETARY	· · · · · · · · · · · · · · · · · · ·	.~
(Capacity)		2
	a Lüang	PM 1: 54
Fee for filing this document:	-	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation