## P16000061526

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	JECT: OFFENDER HOUSING GROUP INC
	(Name of Corporation)  UMENT NUMBER: P16000061526
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Ch	ristine M. Berk, Esq.  (Name of Person)
Vo	ight, P.A.  (Name of Firm/Company)
768	80 Universal Blvd., Suite 100 (Address)
Orl	ando, FL 32819 (City/State and Zip Code)
For fu	urther information concerning this matter, please call:
Ch	(Name of Person) at (407) 477-4559 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, CASSANDRA L. DANIEL
(Name of Registered Agent)
hereby resigns as Registered Agent for OFFENDER HOUSING GROUP INC
(Name of Corporation)
P16000061526
(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.
this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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