Requester's Name Requester's Name Address Address Mew york M City/State/Zip/ Phone #	196/ System 4/00/		35
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1. (Corporation Name)	MENT NUMBER(S),	(if known): The CREAT STAND	
2.		Fig. 1	
(Corporation Name)	(Document #)	61	
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Corporation Name)	(Document #)	в	· · ·
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4. (Corporation Name)	(Document #)		
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☐ Walk in ☐ Pick up time _		Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status	
NEW FILINGS	A MATERIAN MERKER		
_	AMENDMENTS		فستند د د
☐ Profit☐ Not for Profit	Amendment Reciprotion of 1	P A december	
Limited Liability	Change of Regi	RA Officer/Director	43 福 語 (4)
Domestication	Dissolution/Wit		-
☐ Other	☐ Merger		
OTHER FILINGS	REGISTRATION/QUALIFICATION		
Annual Report	☐ Foreign		
Fictitious Name	Limited Partners	ship	
	Reinstatement		
	☐ Trademark☐ Other		

CR2E031(7/97)

Examiner's Initials / //

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, C T CORPORATION SYSTEM
(Name of registered agent)
HOMEOWNER'S FINANCIAL SERVICES, INC. (OH. DOM.)
hereby resigns as Registered Agent for Formerly: REAL-FIND MORTGAGE COMPANY
(Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known address. 3800 West Dublin Granville Road Dublin, OH 43017 Attn: Steve Kambeitz The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.
uno sentonicio in mod.
Mary # (Signature of resigning agent)
If signing on behalf of an entity:
C T CORPORATION SYSTEM
(Typed or Printed Name)
FLORIT I
ASSISTANT SECRETARY
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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