P22000070968

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
(, , , , , , , , , , , , , , , , , , ,
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Not By Chance Mental Health Services Inc.
(Name of Corporation) DOCUMENT NUMBER: P22000070968
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:
United States Corporation Agents, Inc. (Name of Person)
Legalzoom.com, Inc.
9900 Spectrum Dr.
Austin, TX 78717 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (800) 773-0888 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provis	ions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,	
Florida Statutes, the u	ndersigned, United States Corporation Agents, Inc).	
	(Name of Registered Agent)		
hereby resigns as Regi	stered Agent for Not By Chance Mental Health Ser	vices Inc.	
meree, resigne as reeg.	(Name of Corporation)		
P2200007096	8		
(Document Numb	er, if known)		
A copy of this resignar	ion was mailed to the above listed corporation at its last kno	own address.	
The agency is terminal this statement is filed.	ted and the office discontinued on the 31st day after the date	on which	
	Crik Treutlein		
	(Signature of Resigning Agent)		
If signing on behalf of	an entity:	2024 OCT 23	.
Eri	k Treutlein	CT 2:	
	(Typed or Printed Name)		T
Vice	President for United States Corporation Agents, Inc.	AM 8: 08	フ
	(Capacity)	8 3 S	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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