

**PAYMENTS**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

*R/ADS*  
SEP 28 2015

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
HOME ACCENTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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15 SEP 25 PM 2:42

TALLAHASSEE, FLORIDA  
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15 SEP 25 AM 11:07

TALLAHASSEE, FLORIDA

**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, C T CORPORATION SYSTEM  
(Name of Registered Agent)

hereby resigns as Registered Agent for HOME ACCENTS, INC. (DE. DOM.)  
(Name of Corporation)

P24925

(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

**Todd B. Proper**  
**Vice President and Assistant Secretary**

(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withdrawn corporation**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**