P94000048244

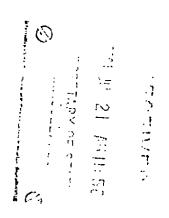
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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RAIRES

JUL 2 2 2021 LALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 920523 A 8323810

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AUTHORIZATION

COST LIMIT : \$ 87.50

ORDER DATE : July 21, 2021

ORDER TIME : 10:11 AM

ORDER NO. : 920523-005

CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: BROOKSVILLE LAND CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Unassigned

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations	
BROOKSVILLE LAND CORP. SUBJECT:	
(Name of Corporat	ion)
DOCUMENT NUMBER: P94000048244	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
RESIGNATION DEPARTMENT	
(Name of Person)	-
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	-
251 LITTLE FALLS DRIVE	
(Address)	-
WILMINGTON, DE 19808	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
RESIGNATION DEPARTMENT 800 at (927-9801
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the prov	risions of sections 607.0503(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the	undersioned CORPORATION SERVICE COMPANY	
Tiorida statutes, the	(Name of Registered Agent)	
hereby resigns as R	BROOKSVILLE LAND CORP.	
Thereby resigns us to	(Name of Corporation)	
P94000048244		
(Document Nu	mber, if known)	
A copy of this resig	nation was mailed to the above listed corporation at its last k	nown address.
The agency is termi this statement is file	nated and the office discontinued on the 31st day after the day d. (Signature of Resigning Agent)	_
If signing on behalf		2021 JUL 21
В	ALEXXIS WEILAND	
	(Typed or Printed Name)	AH 10: 26
VI	CE PRESIDENT	26
_	(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