P980000 85568

(Re	equestor's Name)		
(Ac	idress)		
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(Ci	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Vestcor Partners XVII, Inc.	
(Name of Corporation)	_
DOCUMENT NUMBER: P98000085568	_
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the following:	
Corinne P. McClure, Senior Paralegal	
(Name of Person)	
McGuireWoods LLP	
(Name of Firm/Company)	
50 North Laura Street, Suite 3300	
(Address)	
Jacksonville, FL 32202	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Corinne McClure (Name of Person) at (904) 798-3294 (Area Code & Davtime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number	•)
England is a about made much to the Elevide Department of State for \$97.50 for an a	ativa aar

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, F1, 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	.1309.		
Florida Statutes, the undersigned, RAX Co.			
(Name of Registered Agent)			
hereby resigns as Registered Agent for Vestcor Partners XVII, Inc.			
(Name of Corporation)			
P98000085568			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known	own add	ress.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on whic	ch	
(Signature of Posigning Agent)			
If signing on behalf of an entity:		2019	
Lisa O. Taylor	;	2019 MAY -9	
(Typed or Printed Name)	÷ .	÷	72700
President		₽ -	
(Capacity)	**** ,*	l: 23	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, F1, 32314