F04000000369

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of lepson

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 720694 8347462 AUTHORIZATION COST LIMIT ORDER DATE: June 2, 2022 ORDER TIME : 2:30 PM ORDER NO. : 720694-065 CUSTOMER NO: 8347462 RESIGNATION OF AGENT FILING NAME: 1ST FINANCIAL, INC. XX RESIGNATION OF AGENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#

1201 Hays Street

COVER LETTER

10:	Division of Corporations	
SUBJ	IST FINANCIAL, INC. ECT:	
3003	(Name of Corporat	ion)
DOC	JMENT NUMBER: F04000000269	
The e	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
RESIG	NATION DEPARTMENT	
	(Name of Person)	-
CORP	ORATION SERVICE COMPANY	
	(Name of Firm/Company)	•
251 LI	TTLE FALLS DRIVE	
	(Address)	-
WILM	INGTON, DE 19808	
	(City/State and Zip Code)	•
For fu	rther information concerning this matter, please call:	
RESIG	NATION 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2022 JUN -3 AM 8: 53

	rovisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes :	he undersigned, CORPORATION SERVICE COMPANY
Torida Statutes.	(Name of Registered Agent)
hereby resigns as	Registered Agent for (Name of Compression)
	(Name of Corporation)
F0400000269	
(Document	Number, if known)
A copy of this res	ignation was mailed to the above listed corporation at its last known address.
The agency is ter this statement is t	ninated and the office discontinued on the 31st day after the date on which iled.
	allexuis Weibrd, assistant va president
	(Signature of Resigning Agent)
lf signing on beha	alf of an entity:
	BY ALEXXIS WEILAND
	(Typed or Printed Name)
	ASSISTANT VICE PRESIDENT
	(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, F1. 32314