

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|--|---|

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW  
THE ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned \_\_\_\_\_, do hereby certify  
(Name)

that this Resolution of the Board of Directors of \_\_\_\_\_  
\_\_\_\_\_  
(Name of Corporation)

a corporation duly organized and existing under the laws of \_\_\_\_\_,  
(State or Country)

was adopted on \_\_\_\_\_ withdrawing the alternate  
name of \_\_\_\_\_  
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairman, Vice Chairman of the Board, a  
director or any officer

\_\_\_\_\_  
Title of person signing

**FILING FEE \$35**  
Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314