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(Requestor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:SOFT SCIENCE, INC.	
(Name of Corporat	ion)
DOCUMENT NUMBER: F15000000600	
The enclosed 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:
RESIGNATION DEPARTMENT	
(Name of Person)	.
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	-
80 STATE STREET	
(Address)	-
ALBANY NY 12207	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
RESIGNATION DEPARTMENT 518	433-7018
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or	617.1509,	
Florida Statutes, the undersigned,	CORPORATION SERVICE COMPANY		
Tional Salatas, ale unadidigited,	(Name of Registered Agent)		
hereby resigns as Registered Agent	SOFT SCIENCE, INC.		
neredy resigns as Registered Agent	(Name of Corporation)		
F15000000600			
(Document Number, if known)			
A copy of this resignation was mai	led to the above listed corporation at its last	known address.	
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the		
Rd	(Signature of Resigning Agent)	7FV/A JULY 29 PH 3: 12	
If signing on behalf of an entity:		29 PH	
BY ROBIN MOLT		ب آب	
	(Typed or Printed Name)		
ASST SECRETARY	FOR THE AGENT		
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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