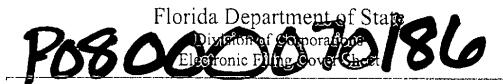
Division of Corporations



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(((H23000109353 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077 Phone : (407)649-4016 Fax Number : (407)841-0168

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

# REGISTERED AGENT RESIGNATION HEADQUARTERS, INC.

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Page Count	02
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### **COVER LETTER**

TO: Amendment Section Division of Corporations	
Headquarters, Inc. SUBJECT:(Name of Corporat	ion)
DOCUMENT NUMBER: P08000070186	, 
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:
Evelyn Rodriguez	
(Name of Person)	•
Baker & Hostetler, LLP	
(Name of Firm/Company)	-
200 S. Otange Avenue, SUITE 2300	
(Address)	-
Orlando, Florida 32801	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Evelyn Rodriguez 407	649-4071
(Name of Person) (Area Code	649-4071 ) & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Tailahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.150	19,		
Plorida Statutes, the undersigned, David L. Schick			
(Nume of Registered Agent)			
hereby resigns as Registered Agent for   Headquarters, Inc.			
hereby resigns as Registered Agent for (Name of Corporation)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********	
P08000070186			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known	addr	ess.	
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.  (Signature of Resigning Agent)	whic	<del>}</del> 1	
If signing on behalf of an entity:			
(Typed or Printed Name)			
	už	20231	
(Capacity)		2023 HAR 23	a 근갖공 문갖공
Fee for filing this document: \$87.50 - Active Corporation	 - - · ·	PH 5:	9.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00
\$35.00 - Administratively dissolved/voluntarily dissolved/		7	

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

withdrawn corporation