P110000 95073

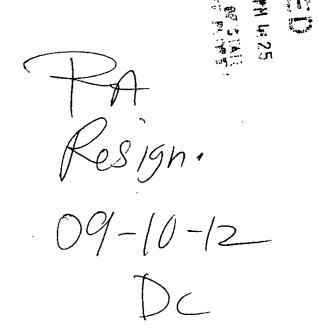
(Re	equestor's Name)	·
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

FO: Amendment Section Division of Corporations	
SUBJECT:	
(Name of Corporate	ion)
DOCUMENT NUMBER: P11000095073	
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Carol Baillie	
(Name of Person)	-
2 POINT CONTACT, INC.	_
(Name of Firm/Company)	
3588 C Road	
(Address)	-
Loxahatchee, FL 33470-3895	_
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Carol Baillie at 954	491-5114 e & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 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 61	7.1509,	
Florida Statutes, the undersigned, David Kresge		
(Name of Registered Agent)		
hereby resigns as Registered Agent for 2 POINT CONTACT, INC.		
(Name of Corporation)		
P11000095073		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kn	own addres	ss.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	e on which	
(Signature of Regigning Agent)	-	
If signing on behalf of an entity:		
is signing on oction of all chilty.		
	- Ca	
(Typed or Printed Name)		<u> </u>
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(Capacity)	- 19 Topo E	
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	12.00 t (~

\$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

Fee for filing this document: