

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1(Corporation Name) | (Document #) | |
|---|---|------------|
| 2. (Corporation Name) | (Document #) | |
| (Corporation Name) | (Document #) (Document #) (Document #) (Document #) | - <u>-</u> |
| (Corporation Name) | (Document #) | |
| ☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait | Photocopy Certificate of Status | |
| NEW FILINGS | AMENDMENTS | |
| ☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other | Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger | - <u> </u> |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | |
| ☐ Annual Report ☐ Fictitious Name | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other | |

RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisio | ns of sections 607.0 |)502(2), 617.050 | 2(2), 607.1509, or (| 517.1509, | <u>-</u> . |
|---|---------------------------------------|-------------------|---------------------------------|-------------------------------|-------------|
| Florida Statutes, the und | lersigned, | Scott Ko | driduez of registered agent) | | |
| hereby resigns as Regist | ered Agent for | Stefano | Esspreso e of corporation) | Co. INC. | · - |
| A copy of this resignation | on was mailed to the | e above listed co | rporation at its last k | nown address. | |
| The agency is terminated this statement is filed. If signing on behalf of an | Scott Kod (Signatu | continued on the | | te on which | |
| | (Typed | or Printed Name) | 40. 40. | 99 OCI SECRETA TALLAHAS | |
| | · · · · · · · · · · · · · · · · · · · | (Capacity) | | RY OF STATE | |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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