Requester's Name N. Federal Address Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Q ☐ Photocopy ☐ Will wait ☐ Mail out Certificate of Status **NEW FILINGS AMENDMENTS** Profit Not for Profit Resignation of R.A., Officer/Director ☐ Change of Registered Agent Limited Liability Domestication ☐ Dissolution/Withdrawal PO' 8.24 2125 er's Ir' Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report ☐ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials**

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT

Tuisuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, 61 617.1309,
Florida Statutes, the undersigned, KIChard Sarta
hereby resigns as Registered Agent for U-Networker / Cchnologies Transfer (Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. Augustian Augus
(Typed or Printed Name)
(Capacity)

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