241054

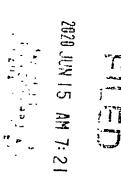
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S. YOUNG

COVER LETTER

ST. REGIS MANAGEMENT C	CORPORATION	
ST. REGIS MANAGEMENT C SUBJECT:	(Name of Corp	oration)
DOCUMENT NUMBER: 241054	····	
The enclosed Resignation of Registere	d Agent for a Cor	poration and fee are submitted for filing
Please return all correspondence conce	eming this matter	to the following:
RESIGNATION DEPARTMENT		
(Name of Person)	•	
CORPORATION SERVICE COMPANY		
(Name of Firm/Comp	any)	<u> </u>
80 STATE STREET		
(Address)		
ALBANY NY 12207		
(City/State and Zip Co	ode)	
For further information concerning this	s matter, please ca	H:
RESIGNATION DEPARTMENT	518	433-7018) Tode & Daytime Telephone Number)
(Name of Person)	(Area C	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

(mare // //3//n)

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

•	ons 607.0503(2), 617.0502(2), 607.1505	7, or 617.1309,			
Florida Statutes, the undersigned.	ida Statutes, the undersigned, The Prentice Hall Corp System Inc				
	(Name of Registered Agent)				
bankangiana na Danistanad Aman	ST. REGIS MANAGEMENT CORPORA	ATION			
hereby resigns as Registered Agen	(Name of Corporation))			
241054	`				
(Document Number, if known)					
A copy of this resignation was ma	iled to the above listed corporation at its	s last known address.			
The agency is terminated and the of this statement is filed.	Office discontinued on the 31st day after (Signature of Resigning Agent)	the date on which			
If signing on behalf of an entity:					
BY ROBIN MOLT	(Typed or Printed Name)	2020 JUN 15			
	(1 yped of 1 timed traine)	25 			
ASST SECRETARY	Y				
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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