59/35/

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то:	Amendment Section Division of Corporations
SUBJ	ECT: Bopp and Montgomery, P.A.
	(Name of Corporation)
DOC	UMENT NUMBER: 591351
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Kelly	Cone
	(Name of Person)
Willia	ams Schifino Mangione & Steady, P.A.
	(Name of Firm/Company)
P.O.	Box 380
	(Address)
Tam	pa, Florida 33601
 · · ·	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Kelly	Cone at (813) 221-2626 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	ed is a check made payable to the Florida Department of State for \$87.50 for an active corporation. 00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
	Address: Mailing Address:
Division	Amendment Section On of Corporations Amendment Section Division of Corporations
Clifton	Building Post Office Box 6327
2661 E	Executive Center Circle Tallahassee, FL 32314

07 JUN 25 AM 7:22 RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Harry E. Bopp, D.M.D. Florida Statutes, the undersigned, (Name of Registered Agent) Montgomery, P.A. hereby resigns as Registered Agent for _____. (Name of Corporation) 591351 (Document Number, if known) 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.' (Signature of Resigning Agent) If signing on behalf of an entity: (Typed or Printed Name)

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withdrawn corporation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

(Capacity)