From: Baldy Martinez 7/18/2019

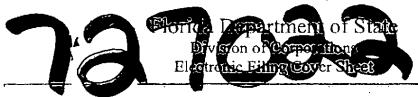
Fax: 13056151371

Fax: (850) 617-6380

Page: 1 of 3

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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BALDY MARTINEZ P.A.

Account Number : 120110000042 Phone

: (305)454-5804

Fax Number

: (305)454-5808

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT RESIGNATION EDEN POINT SOUTH ASSOCIATION, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$87.50 |

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Help

From: Baidy Martinez

Fax: 13056151371

To:

Fax: (850) 617-6380

Page: 2 of 3

07/18/2019 1:01 PM

COVER LETTER

| TO: | Amendment Section | |
|-----|--------------------------|--|
| | Division of Corporations | |

| Division of Corporations | |
|--|--|
| SUBJECT: EDEN POINT SOUTH ASS | SOCIATION, INC. |
| (Name of Corporation | |
| DOCUMENT NUMBER: 727022 | |
| 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: |
| Baldy Martinez | |
| (Name of Person) | - |
| Baldy Martinez, P.A. | |
| (Name of Firm/Company) | - |
| 1999 S.W. 27th Ave, 1st Floor | |
| (Address) | - |
| Miami, FL 33145 | |
| (City/State and Zip Code) | _ |
| For further information concerning this matter, please call: | |
| Baldy Martinez 305 | ,454-5804 |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

(Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Name of Person)

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION UND JUL 18 A 14: 28

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, SEE. FLORIDA

Florida Statutes, the undersigned, Baldy Martinez, P.A.

(Name of Registered Agent)

(Name of Corporation)

727022

(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:

Baldy Martinez
(Typed or Printed Name)

President (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