Requester's Name Address AMANDA LOPEZ 8672 S.W. 40TH STREET SUITE 203 MIAMI, FL 33155 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) ☐ Pick up time _____ Certified Copy ■ Walk in Certificate of Status Photocopy ☐ Will wait Mail out **AMENDMENTS** NEW FILINGS Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICAT OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Amason Lopez (Name of registered agent)
hereby resigns as Registered Agent for GRECNWAYLAKES Section Three (Name of corporation) Referry Owners' Association, INC.
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. ART ART
Amanoa LoPez (Typed or Printed Name)
ResideNT AGENT & PIRECTOR. (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