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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
	OG PROPERTIES, LLLP
Name of Limited Partner	ship or Limited Liability Limited Partnership
DOCUMENT NUMBER: A1500000	0508
The enclosed Resignation of Registered A	gent and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
Emily Smith	
Contact Person	
PARACORP INCORPORA	TED
Firm/Company	
PO BOX 160568	
Address	
SACRAMENTO, CA 958	16
City, State and Zip Code	<del></del>
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	atter, please call:
Emily Smith	at ( 800 ) 533.7272
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check made payable to the F	lorida Department of State for:
\$87.50 Filing Fee \$140.00 (	\$87.50 Filing Fee and \$52.50 Certified Copy Fee)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee El 32301	

## RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provis	sions of section 620.1116. Florida Statutes, the undersigned.	
PA	RACORP INCORPORATED, hereby i	resigns as
	Name of Registered Agent	. G
Registered Agent for	PURPLE DOG PROPERTIES, LLLP	
- •	Name of Limited Partnership or Limited Liability Limited Partnership	ership
A150	0000508	
	1 Number, if known	
the Florida Departn	ated on the 31 <sup>st</sup> day after the date on which this statemennent of State.  Signature of Registered Agent	
If signing on behalf	of an entity:	2021 AUG
	Jody Moua	C 23
-	Typed or Printed Name	ω , το , b i }
	Asst.Secretary for Paracorp Incorporated	2
_	Capacity	2: 59

Filing Fee: \$87.50 Certified Copy (optional): \$52.50