Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone Fax Number : (614)280-3338 : (954)208-0845

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

Email Address:				

S. TALLENT

APR 0 3 2017

REGISTERED AGENT RESIGNATION ONELINK COMMUNICATIONS, INC.

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COVER LETTER

Division of Corporations	
SUBJECT: ONELINK COM	MUNICATIONS, INC.
	(Ivalite of Corporation)
DOCUMENT NUMBER: F010000	003616
The enclosed Resignation of Registered A	Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Helen Mac-Tran	
(Name of Person)	
C T CORPORATION S	SYSTEM
(Name of Firm/Compan	ıy)
111 8th Avenue, 13th	ı Floor
(Address)	
New York, New York	10011
(City/State and Zip Code	le)
For further information concerning this n	matter, please call:
Helen Mac-Tran	at (212) 590-9118 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

TO: Amendment Section

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CTCORPORATION SYSTEM
(Name of Registered Agent)
hereby resigns as Registered Agent for ONELINK COMMUNICATIONS, INC.
(Name of Corporation)
F0100003616
(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:
CT CORPORATION SYSTEM-Helen Mac-Tran
(Typed or Printed Name)
ASSISTANT SECRETARY

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)