

FD1000006375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

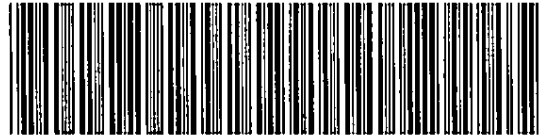
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600309048946

05/14/18--01031--021 **35.00

S TALLENT

MAY 16 2018

19 MAY 16 PM 2:38
FILED

RIA-Resign

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORDIA COMMUNICATIONS CORP.
(Name of Corporation)

DOCUMENT NUMBER: F01000006375

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBIN MOLT

(Name of Person)

CORPORATION SERVICE COMPANY

(Name of Firm/Company)

80 SATE STREET

(Address)

ALBANY NY 12207

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN MOLT at (**518**) **433-7018**
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, CORPORATION SERVICE COMPANY
(Name of Registered Agent)

hereby resigns as Registered Agent for CORDIA COMMUNICATIONS CORP.
(Name of Corporation)

F01000006375
(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.

Robin Molt
(Signature of Resigning Agent)

If signing on behalf of an entity:

ROBIN MOLT
(Typed or Printed Name)

ASST SECRETARY
(Capacity)

FILED
MAY 11 PM 2:30

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withdrawn corporation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