(Re	questor's Name)	
ATTN: AGENT	SEDVICEO E	
<b>O</b> 1		IVISION —
111 8TH AVE FI	_ 13	
NEW YORK NY	10114-1868	<b>—</b>
(Cit	y/State/Zip/Phone	e #)
	<b>—</b>	<b>—</b>
PICK-UP	WAIT	MAIL
,		
(Business Entity Name)		
(Document Number)		
(50	cament ramber,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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RA Resign

08 APR 21 AM (): 19

## RESIGNATION OF REGISTERED AGENT FILED OB APR 21 AM 11: 19 FOR A CORPORATION THE STATE OF STATE OF

Pursuant to the provisions of sections 607.	0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for _	INTEGRATED CAPITAL, INC. (NV. DOM.)	
	(Name of Corporation)	
F02000000762		
(Document Number, if known)		
A copy of this resignation was mailed to th	ne above listed corporation at its last known address.	
this statement is filed.	scontinued on the 31st day after the date on which	
If signing on behalf of an entity:	tule of Resigning Agent)	
C T CORPORATION	N SYSTEM - THERESA ALFIERI	
(Тур	ped or Printed Name)	
ASSIS	TANT SECRETARY	
	(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withdrawn corporation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