F0300001994

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100176772111

04/26/10 -01035--016 **35.00

10 APR 26 PH 1: 03
SUURUIARY SE STAIL
FALLAHASSEE, FLORIBA

AND SC MAIN



COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: BUILDING EXCHANGE COMPANY (Name of Corporation)
DOC	UMENT NUMBER: F03000001994
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Rhonda Maybin (Name of Person)
Сар	(Name of Firm/Company)
	800 Brazos, Suite 400 (Address)
	Austin, Texas 78701 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
	Rhonda Maybin at (800) 345-4647 (Name of Person) (Area Code & Daytime Telephone Number)

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

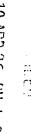
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, Capitol Corporate Services, Inc. (Name of Registered Agent)
hereby resigns as Registered Agent for BUILDING EXCHANGE COMPANY (Name of Corporation)
F03000001994
(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)
(Signature of Resigning Agent)
If signing on behalf of an entity:
Cheryl Roberts (Typed or Printed Name)
President
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation 10 APR 26 PM 1:03
SCIURETARY OF STATE



Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314