F03000002417

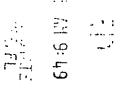
(R	equestor's Name)		
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PROBETARY OF STITE AND VINASSEEL FLUIT



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 920934 8323810 AUTHORIZATION COST LIMIT ORDER DATE : July 21, 2021 ORDER TIME : 10:47 AM ORDER NO. : 920934-005 CUSTOMER NO: 8323810 CHANGE OF AGENT NAME: SUN PUBLICATIONS OF FLORIDA, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY ____ PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: ALEXXIS WEILAND EXT 61592

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	SUN PUBLICATIONS OF FLORIDA, INC.
	(Name of Corporation)
DOC	JMENT NUMBER: F03000002417
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:
RESIG	NATION DEPARTMENT
	(Name of Person)
CORP	ORATION SERVICE COMPANY
	(Name of Firm/Company)
251 LI	TTLE FALLS DRIVE
	(Address)
WILM	INGTON, DE 19808
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
RESIG	NATION DEPARTMENT 800 927-9801 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	provisions of sections 607.0503(2), 617.0502(2), 607.150	9. or 617.1509.
Florida Statutes		
r fortua statutes.	the undersigned, CORPORATION SERVICE COMPANY (Name of Registered Ag	ent)
harahu rasians a	s Registered Agent forSUN PUBLICATIONS OF FLORIDA.	INC.
nereby resigns a	(Name of Corporation	n)
F03000002417		
(Documen	Number, if known)	
A copy of this re	signation was mailed to the above listed corporation at it	s last known address.
The agency is te this statement is	filed. (Signature of Resigning Agent)	r the date on which
If signing on bel	alf of an entity:	
	BY ALEXXIS WEILAND	-
	(Typed or Printed Name)	,
	VICE PRESIDENT	
	(Capacity)	F. 9. F.

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