(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	·
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





800185420868

800185420868 09/21/10--01013--001 **87.50

10 SEP 21 AM 10: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PARCS
009/20/10

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JANUS INTERNATIONAL CORPORATION (Name of Corporation)
DOCUMENT NUMBER: F07000005004
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:
Rhonda Maybin (Name of Person)
Capitol Services Registered Agent Department (Name of Firm/Company)
800 Brazos, Suite 400 (Address)
Austin, Texas 78701 (City/State and Zip Code)
For further information concerning this matter, please call:
Rhonda Maybin at (800) 345-4647 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 60	7.0502(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_	JANUS INTERNATIONAL CORPORAT (Name of Corporation)	<u>ION</u> ,	
F0700005004			
(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 of this statement is filed.	discontinued on the 31st day after the date on which		
(Sig	nature of Resigning Agent)		
If signing on behalf of an entity:			
	Cheryl Roberts Syped or Printed Name)	SECRETARE TALLAHASS	1
	President (Capacity)	AN IO: 35	شرا

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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