## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## REGISTERED AGENT RESIGNATION DRH DESIGN GROUP, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

FEB 3 2016

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## **COVER LETTER**

	Division of Corporations
SUBJ	DRH DESIGN GROUP, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: F0800000564
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:
	Wendy Hefley
	(Name of Person)
	Incorp Services, Inc.
	(Name of Firm/Company)
	2360 Corporate Circle, Suite 400
	(Address)
	Henderson, NV 89074
	(City/State and Zip Code)
	rther information concerning this matter, please call:
Wen	dy Hefley for Incorp Services, Inc. 702 866-2500 ext. 6601
	(Name of Person) (Area Code & Daytime Telephone Number)

aoi

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, Incorp Services, Inc.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for DRH DESIGN GROUP, INC.	
(Name of Corporation)	
F0800000564	
(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.  InCorp Services Inc.  (Signature of Resigning Agent)  If signing on behalf of an entity:	
(Typed or Printed Name)	
Authorized Representative	147
(Capacity)  Fee for filing this document:	

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active corporation