F08000000875

| CT | | | |
|---|--|--|--|
| (Requestor's Name) | | | |
| III Eighth Auc. (Address) | | | |
| (Address) | | | |
| New York NY 10011 | | | |
| (Mailess) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Mohren

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 6 | 07.0502(2), 617.0502(2), 607.1509, or 61 | 17.1509, |
|--|--|---|
| Florida Statutes, the undersigned, | C T CORPORATION SYSTEM | |
| | (Name of Registered Agent) | |
| | EDUCATION FINANCE PARTNERS, INC | C. |
| hereby resigns as Registered Agent for | (Name of Corporation) | (DF. DOM.) |
| | (Name of Corporation) | |
| F08000000875 | | |
| (Document Number, if known) | advinction | |
| A copy of this resignation was mailed to | o the above listed corporation at its last k | nown address. |
| The agency is terminated and the office this statement is filed. | e discontinued on the 31st day after the da | te on which |
| | Olf | 7 A |
| (Si | gnature of Resigning Agent) | 仁地 第 |
| If signing on behalf of an entity: | ν | FIL 19 MAR 24 ECRETARI LLAHASS |
| C T CORPORAT | TION SYSTEM - THERESA ALFIERI | PH PH |
| | (Typed or Printed Name) | 4: 35 STATE LORID, |
| AS | SISTANT SECRETARY | ∑ [™] 5 |
| | (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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