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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052

Fax Number

Phone : (302)531-0855 : (850)656-7953

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

Email Address:

## REGISTERED AGENT RESIGNATION **EDUCATION LINK INCORPORATED**

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## - COVER LETTER

	rendment Section rision of Corporations
SUBJECT	EDUCATION LINK INCORPORATED
	(Name of Corporation)
DOCUME	NT NUMBER: F08000000932
The enclose	ed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please retui	rn all correspondence concerning this matter to the following:
TUNISHA	A SCOTT
	(Name of Person)
INCORP	ORATING SERVICES, LTD.
· · · · · · · · · · · · · · · · · · ·	(Name of Firm/Company)
3500 S. [	DUPONT HIGHWAY
	(Address)
DOVER,	DE 19901
	(City/State and Zip Code)
For further	information concerning this matter, please call:
TUNISHA	AI ( JUL )
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned, INCORPORATING SERVICES, LTD.			
	(Name of Registered Agent)		
hereby resigns as Registered Agent for EDUCATION LINK INCORPORATED			
	(Name of Corporation)		
F08000000932			
(Document Number, if known)	<del></del>		
-	o the above listed corporation at its last known address discontinued on the 31st day after the date on which grature of Resigning Agent)	ı	
If signing on behalf of an entity:	L- F-	012	
Candice B. Swetle	Typed or Printed Name)	SECRETARY OF	
Assistant Secreta	ry <u>BA</u>	, S. C.	
	(Capacity)	27	

## Fee for filing this document:

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withdrawn corporation

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