## F0800003194

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates	s of Status
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2017 OCT 16 AM 10: 43

C. GOLDEN OCT 1 8 2017

## COVER LETTER

Division of Corporations

SUBJECT: DEQ SYSTEMS CORP.

(Name of Corporation)

DOCUMENT NUMBER: F08000003194

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:

Amanda Archambault

(Name of Person)

COGENCY GLOBAL INC.

(Name of Firm/Company)

850 New Burton Rd Suite 200

(Address)

Dover, DE 19904

Amendment Section

TO:

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Archambault at (866 ) 621-3524 ext. 3041 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509	,
Florida Statutes, the undersigned, COGENCY GLOBAL INC.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for DEQ SYSTEMS CORP.	
(Name of Corporation)	
F08000003194	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known a	idress.
The agency is terminated and the office discontinued on the 31st day after the date on within statement is filed.	hich
HACHAMULT (Signature of Resigning Agent)	
If signing on behalf of an entity:	2017 OCT 16
Amanda Archambault	116 #
(Typed or Printed Name)	ا.
Assistant Secretary	::01 KW

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)