Division of Corporations Electronic Filing Cover Sheet

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(((H160000115223)))



H180000115223ABCS

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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 INTERNATIONAL PORTFOLIO, INC.

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

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COVER LETTER

	ndment Section ion of Corporations			
SUBJECT:	INTERNATIONAL PORTFOLIO, INC.			
(Name of Corporation)				
DOCUMEN	T NUMBER:F0900004521			
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:			
	Wendy Hefley			
	(Name of Person)			
	Incorp Services, Inc.			
	(Name of Firm/Company)			
236	60 Corporate Circle, Suite 400			
	(Address)			
	Henderson, NV 89074			
	(City/State and Zip Code)			
For further in	nformation concerning this matter, please call:			
Wendy Hel	fley for Incorp Services, Inc. 702 866-2500 ext. 6601			
	(Name of Person) at (Area Code & Daytime Telephone Number)			

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 pr	rovisions of sections 607.0502(2), 617.0502(2), 607.15	i09, or 617.1509,
Florida Statutes.	the undersigned, Incorp Services, Inc.	
	(Name of Registered A	
hereby resigns as	Registered Agent for INTERNATIONAL PORTFOL	LIO, INC.
	(Name of Corporati	on)
F0900000452	21	
(Document	Number, if known)	
A copy of this res	signation was mailed to the above listed corporation at	its last known address.
The agency is ter this statement is i	(Signature of Rosigning Agent)	er the date on which
	Wendy Hefley	≥
	(Typed or Printed Name)	JAN 14
	Authorized Representative	Carl
	(Capacity)	AMII: 59

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withdrawn corporation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/

Fee for filing this document: \$87.50 - Active corporation