| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600254065256

11/25/13--01029--004 **87.50

FILED

13 NOV 25 MIT: 00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

DEC 05, 5013.

A. WHITE

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: New Beginning Ministry of New York, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: F 090000 5018 |
| 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: |
| Rocky L. Carson (Name of Person) |
| (Name of Firm/Company) |
| 602 S. Ranger Bluch. (Address) |
| (Address) Winter Park, FL. 32792-4526 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Rocky L. Carson at (407) 920-7122 (Name of Person) at (407) 920-7122 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

1.

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.15 | 09, or 617.1509, |
|---|---|
| Florida Statutes, the undersigned, Kocky Cars (Name of Registered A | ⊘ ∩ |
| hereby resigns as Registered Agent for New Beginning Minig | stry of New York, Inc |
| F09000005018 (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at i | its last known address. |
| The agency is terminated and the office discontinued on the 31st day after this statement is filed. (Signature of Resigning Agent) | er the date on which |
| If signing on behalf of an entity: (Typed or Printed Name) | FILED HOV 25 MITH: 00 RETARY OF STATE AHASSEE, FLORIDA |
| (Capacity) | |

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

\$35.00 - Active Corporation > \$35.00 - Administratively dissolved/voluntarily dissolved/

 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