13000001379

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Вс	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificate:	s of Status	
Special Instructions to Filing Officer:			
		:	
:			

Office Use Only



000274271940

06/23/15--01005--023 **52.50

06/23/15--01005--024 **35.00

JUN 3 0 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section **Division of Corporations**

(Name of Corporation)

DOCUMENT NUMBER: F13000001379

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:

Corrie Walker

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

P.O. Box 160568

(Address)

Sacramento, CA 95816-0568

(City/State and Zip Code)

For further information concerning this matter, please call:

Corrie Walker

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, PARACORP INCORPORATED		
(Name of Registered Agent)		
hereby resigns as Registered Agent for WISHOPT INC. (Name of Corporation)		
(Name of Corporation)		
F13000001379		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known address.	201	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	2015 JUN 23 PM	F
(Signature of Resigning Agent)	$\dot{\wp}$	
If signing on behalf of an entity:	2:40	
Leticia Burleson (Typed or Printed Name)		
(Typed of Timed Name)		
Assistant Secretary		
(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withdrawn corporation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