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COVER LETTER

SUBJEC'	1	ANAGEMENT CORPORATION (Name of Corporation)
DOCUM	ENT NUMBER: F1400000	00244
The enclo	sed Resignation of Registered a	Agent for a Corporation and fee are submitted for filing
Please reti	urn all correspondence concern	ing this matter to the following:
Krystal I	Beckner	
	(Name of Person)	
COGEN	CY GLOBAL INC.	
	(Name of Firm/Compan	y)
850 New	Burton Rd., Suite 201	
	(Address)	
Dover, I	DE 19904	
	(City/State and Zip Code	e)
For furthe	r information concerning this n	natter, please call:
Invoices	Team	at (866) 621-3524
	(Name of Person)	at (<u>866</u>)621-3524 (Area Code & Daytime Telephone Number)

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327

Tallahassee, FL 32314

CR2E046 (04/12)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provision	s of sections 607.0502(2), 6	17.0502(2), 607.1509, or	617.1509,	
Florida Statutes, the und	ersigned COGENCY GLO	BAL INC.		
Tivited States. The title	(Name of Registered Agent)			
hereby resigns as Registe	red Agent for EDUCATION	NAL MANAGEMENT C	ORPORATION	
mereng remgmatic region				
F14000000244				
(Document Number,	if known)			
A copy of this resignatio	n was mailed to the above li	sted corporation at its las	t known address.	
The agency is terminated this statement is filed.	and the office discontinued	on the 31st day after the	date on which	
	Krystal 2 (Signature of Resig	3eckner	2 6 St	
	(Signature of Resig	ning Agent)	119 AL	
If signing on behalf of ar	entity:		2019 SEP -3 I	
Krysta	l Beckner		P-3 PM	
	(Typed or Printe	d Name)	PH 12:	
Assist	ant Secretary, COGENC	Y GLOBAL INC.	17	
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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