Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number: FCA00000023

: (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION DEEPFLEX INC.

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Page Count	03
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7/27/2016

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DeepFlex Inc.	
(Name of Corpora DOCUMENT NUMBER: F1400002049	tion)
The enclosed Resignation of Registered Agent for a Corporation	ration and fee are submitted for filin
Please return all correspondence concerning this matter to	the following:
Kate Seidita	
(Name of Person)	-
C T CORPORATION SYSTEM	
(Name of Firm/Company)	-
111 8th Avenue, 13th Floor	
(Address)	-
New York, New York 10011	
(City/State and Zip Code)	-
or further information concerning this matter, please call:	,
Kate Seidita at (212	,894-8526
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046 (04/12)

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	s, the undersigned, C T CORPORATION SYSTEM
•	(Name of Registered Agent)
hereby resigns	as Registered Agent for DeepFlex Inc.
•	(Name of Corporation)
F1400000	
(Docume)	nt Number, if known)
A copy of this r	esignation was mailed to the above listed corporation at its last known address.
The agency is to	erminated and the office discontinued on the 31st day after the date on which s filed.
•	W.C.
•	11,500
:	(Signature of Resigning Agent)
If signing on be	half of an entity:
	OT 0000001101101101101111111111111111111
;	CT CORPORATION SYSTEM-Kate Seidita
ī	(Typed or Printed Name)
•	ASSISTANT SECRETARY
	(Capacity)
1 16	and the same of th
ji S	The state of the s
:	Fee for filing this document:
	\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/
	tat A
	withdrawn corporation
•	
	Make checks navable to Florids Department of State and mail to:

Division of Corporations P.O. Box 6327 Tellahassee, FL 32314