Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone

: (850)205-8842

Fax Number : (850)878-5368

Enter the email address for this business entity>to be used for future 3 annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT RESIGNATION E.D.P.E. OF FLORIDA, INC.



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8/8/2016 12:25:29 PM From: To: 8506176380(2/4)

<u>850-617-6381</u>

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July 29, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

E.D.P.E. OF FLORIDA, INC. 11827 WEST 112TH STREET, SUITE 101

OVERLAND PARK, KS 66210

SUBJECT: E.D.P.E. OF FLORIDA, INC.

REF: F15000002117

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

OUR RECORDS REFLECT THE CURRENT REGISTERED AGENT FOR THIS CORPORATION IS C T CORPORATION SYSTEM. DOES C T CORPORATION WANT TO RESIGN? IF SO, COMPLETE THE FORM LISTING THE CURRENT REGISTERED AGENT AND RESUBMIT FOR FILING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III FAX Aud. #: H16000181447 Letter Number: 716A00015967



P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: E.D.P.E. OF FLORI	DA, INC.
(Name of DOCUMENT NUMBER: F15000002117	f Corporation)
The enclosed Resignation of Registered Agent for	a Corporation and fee are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Lisa Loree	
(Name of Person)	
Lathrop & Gage LLP	
(Name of Firm/Company)	
2345 Grand Blvd, Ste 2200	
(Address)	
Kansas City, MO 64108	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Lisa Loree _{at (} 8	Area Code & Daytime Telephone Number)
(Name of Person) (A	rea 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

Malling 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, CT Corporation System
(Name of Registered Agent)
hereby resigns as Registered Agent for E.D.P.E. OF FLORIDA, INC.
(Name of Corporation)
F15000002117
(Document Number, if known)
(Document Frances, 11 known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Laura Broderick (Signature of Resigning Agent) Laura Broderick Application Secretary
If signing on behalf of an entity:
C T Corporation System
(Typed or Printed Name)
Assistant Secretary
(Congritu)
The state of the s
For for filling this documents
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