F17000 002881

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

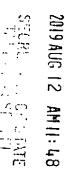
Office Use Only

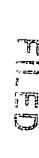


200332835712

08/12/19--01020--017 ++35.00

S TALLENT AUG 1 9 2019





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, UNIVERSAL REGISTERED AGENTS	S, INC	;	
(Name of Registered Agent)			
hereby resigns as Registered Agent for NEVADA HEALTH RX,	INC	, ,	
(Name of Corporation)			
F17000002881			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known	wn add	ress.	
The agency is terminated and the office discontinued on the 31st day after the date	on whic	ch	
this statement is filed. (Signature of Resigning Agent)	43	20	
If signing on behalf of an entity:		2019 AUG 1	
Kent Rockwell	## 1 27, 177(C)	12 A	. FT
(Typed or Printed Name)		AM 11: 48	
CEO		81	
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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