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Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (614)573-3996

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**REGISTERED AGENT RESIGNATION
 VIEW OPERATING CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	02
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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, C T CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for VIEW OPERATING CORPORATION

(Name of Corporation)

F1700002940

(Document Number, if 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.

Nancy Helm-Brown

(Signature of Resigning Agent)

If signing on behalf of an entity:

NANCY HELM-BROWN

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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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withdrawn corporation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