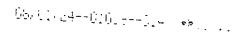
F17000003203

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busii	ness Entity Nar	ne)
(5	· 4 M. · b N	
(Doct	ıment Number)	
Certified Copies	Cortificator	of Status
Certified Copies	Certificates	s or status
		
Special Instructions to Fil	ling Officer:	

Office Use Only



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08/01/24

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: 1ST CALL GROUP INC. (Name of Corporati	ion)	
DOCUMENT NUMBER: F17000003203		
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for	filing.
Please return all correspondence concerning this matter to the	ne following:	
Nicole Williams (Name of Person)	-	
URS Agents, LLC (Name of Firm/Company)	-	2600
3675 Crestwood Parkway Suite 350 (Address)		,
Duluth, GA 30096 (City/State and Zip Code)		H 6: 42
For further information concerning this matter, please call:		
URS Agents, LLC at (800 (Area Code)5674397 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sec	tions 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,
Florida Statutes, the undersigned	URS Agents, LLC	
•	(Name of Registered Agent)	
hereby resigns as Registered Age	ent for 1ST CALL GROUP INC.	
	(Name of Corporation)	
F17000003203		
(Document Number, if known))	
A copy of this resignation was m	nailed to the above listed corporation at its last know	n address.
The agency is terminated and the this statement is filed.	e office discontinued on the 31st day after the date o	n which
	(Signature of Resigning Agent)	
If signing on behalf of an entity:	·-·	26751
Edwardo Salda	2 24	
	(Typed or Printed Name)	≅ .
	Mod	Ω, ,
Manager	끈	6: 1 2
	(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