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TO:	Amendment Section Division of Corporations
SUBJ	ECT: PIADINA INCORPORATED
	(Name of Corporation)
DOC	JMENT NUMBER: F18000003626
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
ATTI	N: Agent Resignation Team
	(Name of Person)
Capit	ol Corporate Services, Inc.
	(Name of Firm/Company)
PO E	Sox 1831
	(Address)
Austi	n, TX 78767
-	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
Ager	at Resignation Team at (800) 345-4647
	t Resignation Team at (800) 345-4647 (Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

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. Capitol Corporate Services, Inc.
hereby resigns as Registered Agent for (Name of Registered Agent)
PIADINA INCORPORATED
(Name of Corporation)
F18000003626
(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.
(Signature of Realgning Agent)
If signing on behalf of an entity:
Jason Fischer ZC Z
Jason Fischer TAR (Typed or Printed Name)
Assistant Secretary Secretary
(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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