F18 0000004088

(Requ	uestor's Name)	,
(Address)		
(Address)		
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		

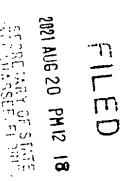
Office Use Only



100371631011

resignation

09/20/21--01034--013 ++95.00



AUG3 0 2021 A RAMSEY

COVER LETTER

Amendment Section Division of Corporations SUBJECT: IRO HOLDINGS INC. (Name of Corporation)

DOCUMENT NUMBER: F18000004088

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RACHEL SCHOTT

TO:

(Name of Person)

PARACURP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

SACRAMENTO CA 95833

(City/State and Zip Code)

For further information concerning this matter, please call:

RACHEL SCHOTT

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT. SEC. CHRY OF 6

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned. PARACORP INCORPORATED
(Name of Registered Agent)
hereby resigns as Registered Agent for IRO HOLDINGS INC.
(Name of Corporation)
F18000004088
(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.

If signing on behalf of an enther:

JOSE GOMEZ

(Typed or Printed Name)

(Signature of Resigning Agent)

ASST. SECRETARY FOR PARACORP INCORPORATED

(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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