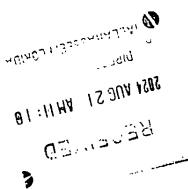
F19000000137

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Considerations to Filips Officers |
| Special Instructions to Filing Officer: |
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Office Use Only



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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 08/20/24 Order #: 1593262-4

Re: 3 Bridge Holding Corp. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation

Amount to be deducted from our State Account: \$87.50 - FL State Account Number:

35.00

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

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| ation and fee are submitted for filing. |
| he following: |
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| 927-9801) & Daytime Telephone Number) |
| & Daytime Telephone Number) |
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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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

| | ctions 607.0503(2), 617.0502(2), 607.15 | 509, or 617.1509, |
|--|---|----------------------------|
| Florida Statutes, the undersioner | d, CORPORATION SERVICE COMPANY | |
| (Name of Registered Agent) | | |
| hereby resigns as Registered Ag | 3 Bridge Holding Corp. | |
| neredy resigns as registered rig | (Name of Corporati | on) |
| F1900000137 | | |
| (Document Number, if known | n) | |
| A copy of this resignation was n | nailed to the above listed corporation at | its last known address. |
| The agency is terminated and th this statement is filed. | e office discontinued on the 31st day aff | er the date on which |
| Typ James | (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | | 20 ī Ā |
| BY KYLE TODI | | 2024 AUG 21 PM 12: C |
| | (Typed or Printed Name) | 21 388 |
| | | |
| VICE PRESIDE | NΤ | 1 1 1 1 1 1 1 1 1 1 |
| - • · · | (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