Electronic Filing Cover Sheet

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(((H22000401662 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956

Fax Number : (850)656-7953

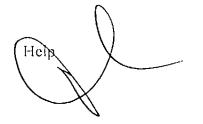
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION B HOSPITALITY CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



COVER LETTER

TO:	Amendment Section				
	Division of Corporations				

SUBJECT: B HOSPITALITY CORP.

Incorporating Servic

(Name of Corporation)

DOCUMENT NUMBER: F20000004923

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:

Westley Look

(Name of Person)

Incorporating Services, Ltd.

(Name of Firm/Company)

3500 S DuPont Hughway

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Westley Look

at 302 531-070

(Name of Person)

(Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 H22, 000401662 3

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	1509,	
Florida Statutes, the undersigned, Incorporating Services, Ltd.		_
(traine of registered regard)		
hereby resigns as Registered Agent for B HOSPITALITY CORP. (Name of Corporation)		
(Name of Corporation)		
F2000004923		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kno	wn addres	is.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	2022 (
(Signature of Resigning Agent)	5	2022 DEC 2 I
If signing on behalf of an entity:		AH 9: 29
Amanda Archambault		29
(Typed or Printed Name)		
Assistant Secretary		
(Capacity)		
<u>Fee for filing this document:</u> \$87.50 - Active Corporation		
307.50 - Metive Corporation		

\$35.00 - 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