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2013 BCT To: Division of Corporations Fax Number : (850)617-6380 , S From: П Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES AM 9: 02 Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: **REGISTERED AGENT RESIGNATION**

CONDOR CAPITAL CORP.

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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: CONDOR CAPITAL CORP.

(Name of Corporation)

DOCUMENT NUMBER: F96000000166

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:

TRACEE COTTON

(Name of Person)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

(Name of Firm/Company)

16 COURT ST 14TH FLOOR

(Address)

BROOKLYN, NY 11241

(City/State and Zip Code)

For further information concerning this matter, please call:

TRACEE COTTON

(Name of Person)

at (800) 221-2972 X1550 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 From 7188897420 1.718.889.7420 Fri Oct 5 14:02:21 2018 MDT Page 3 of 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, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. (Name of Registered Agent)

hereby resigns as Registered Agent for CONDOR CAPITAL CORP.

F9600000166

(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.

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$()^{-}$	(Signature of Resigning Agent)	

If signing on behalf of an entity:

ZEINA HASSOUN

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation 2010 OCT -5

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Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tollahassee, FL 32314