## 7000000808 K. Insurance & Associates, Inc. P.O. Box 16251 Jacksonville, FL 32245 Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 000003366450 -08/21/00--01137--013 \*\*\*\*\*87.50- \*\*\*\*\*87. (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified C Pick up time ☐ Walk in Certificate E Photocopy Will wait Mail out **AMENDMENTS NEW FILINGS** ☐ Amendment Profit Resignation of R.A., Officer/Director ■ Not for Profit Change of Registered Agent ☐ Limited Liability ☐ Dissolution/Withdrawal ☐ Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS

Foreign

Other

☐ Limited Partnership

Reinstatement Trademark

Examiner's Initials

Annual Report

☐ Fictitious Name

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Sections 607.0502(2), 617.0505(2), 607.1509 or 617.1509,	
Florida Statutes, the undersigned, Christian Kornegay	
hereby resigns as Registered Agent for Cooper Insurance & Associates, Inc.	
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.	574 ·
Christian Kornegay	
If signing on behalf of an entity:	
(Typed or Printed Name)	

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

(Capacity)