Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)205-8842

Phone' Fax Number

; (850)878-5368

**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 BUDGET PREPAY, INC.

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Corporate Filing Menu

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BUDGET PREPAY INC.	
(Name of Corporation) DOCUMENT NUMBER: F99000001380	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	3.
Please return all correspondence concerning this matter to the following:	
Kate Seidita	
(Name of Person)	
NATIONAL REGISTERED AGENTS, INC.	
(Name of Firm/Company)	
111 8th Avenue, 13th Floor	
(Address)	
New York, NY 10011	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Kate Seidita at (212)894-8526 (Area Code & Daytime Telephone Number)	
(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Department of State for \$87.50 for an active coor \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	rpora

Malling Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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, NRAI SERVICES, INC.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for BUDGET PREPAY INC.	
(Name of Corporation)	
F99000001380	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent)	on which
f signing on behalf of an entity:	意のお
NRAI SERVICES, INCKate Seidita (Typed or Printed Name)	
(Typed of Finited Haine)	
ASSISTANT SECRETARY	AM 9:
(Capecity)	ု ⊉≧ို့ ယ ``
	S S
Factor filing this documents	

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

.withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation