20003503 City/State 1101 S. Brundidge St. P.O. Box 1067 Troy, AL 36081 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ■ Walk in ☐ Pick up time ☐ Will wait Photocopy ☐ Mail out **AMENDMENTS NEW FILINGS** Profit Amendment Resignation of R.A., Officer Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger REGISTRATION/OUALIFICATION OTHER FILINGS ☐ Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials

RESIGNATION OF REGISTERED AGENT

ruisuani io me	provisions of sections (007.0302(2),	01/.0502(2),	007.1509, 0	c 617.15	,09,	
Florida Statutes	, the undersigned,		(Name of regis	tered agent)	coah.		_
hereby resigns a	as Registered Agent for	GOCE	Acquis. (Name of c	tion Corporation)	δrp.		. <u>.</u>
A copy of this 1	resignation was mailed	to the above	listed corpora	ation at its las	st known	addr	ess.
The agency is to this statement is	erminated and the office s filed.	e discontinu	ed on the 31st	day after the	date on	whic	h
_		nature of resign	A sing agant)		ALL AHASS	01 JUN 29	
If signing on be	half of an entity:	matare qi resig	mng agent)		Y OF STATE EE. FLORIDA	PM 2: 35	m O
	(T	yped or Printed	l Name)		_		~ . &
_		(Canasin	<u> </u>				- 1°
		(Capacity)				

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