

667043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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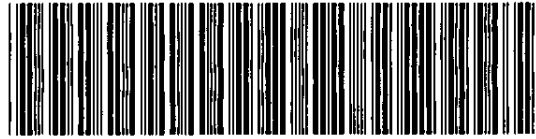
(Business Entity Name)

(Document Number)

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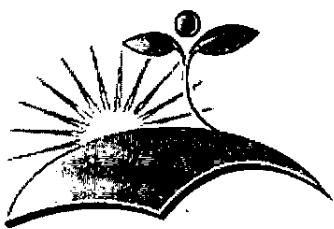
APPROVED
AND
FILED

14 NOV 10 AM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Lemieux
T. LEMIEUX
NOV 24 2014

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314



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Only an electronic copy is needed for our files. When possible, please return filings via email to changes@nationalcorp.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHCM HIALEAH, INC.

(Name of Corporation)

DOCUMENT NUMBER: 561386719

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:

Tiffany Roth

(Name of Person)

National Corporate Research, Ltd.

(Name of Firm/Company)

615 S Dupont Hwy

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Tiffany Roth at (**866**) **621-3524**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, National Corporate Research, Ltd.

(Name of Registered Agent)

hereby resigns as Registered Agent for SHCM HIALEAH, INC.

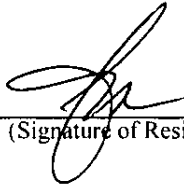
(Name of Corporation)

561386719

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Florence Spelzhausen

(Typed or Printed Name)

Assistant Secretary

(Capacity)

APPROVED
AND
FILED
14 NOV 10 AM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - 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