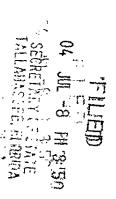
## J374-27

| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

Office Use Only



000036549360





## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 60   | 7.0502(2), 617             | 7.0502(2)          | , 607.1509, or             | 617.150                 | 9,    |          |
|---|----------------------------|--------------------|----------------------------|-------------------------|-------|----------|
| Florida Statutes, the undersigned, Chi  | cistopher H                | ínn                |                            |                         |       |          |
|   | (Name of Registered Agent) |                    |                            |                         |       | <b>→</b> |
| hereby resigns as Registered Agent for _  | Christian -                | Travel<br>(Name of | management<br>Corporation) | Group                   | Inc   | _        |
| J37427  |                            |                    | · · · ·                    |                         |       |          |
| (Document Number, if known)   |                            |                    |                            |                         |       |          |
| A copy of this resignation was mailed to  The agency is terminated and the office of this statement is filed. |                            | •                  |                            |                         |       | ;<br>;   |
| this statement is filed.  |                            |                    |                            |                         |       |          |
|   | T8 i in                    | ·                  |                            |                         |       | ,        |
|   | fature of Resigni          | ng Agent)          |                            | <u></u>                 |       |          |
| If signing on behalf of an entity:  |                            |                    |                            |                         |       |          |
| - Emistop   | yped or Printed I          | V/w                | ~                          | <br>                    | . 0   | -        |
| PRESIDE   | W/C                        | Ee                 |                            | SECRETI<br>ALLAHA<br> - | 70T % | -11      |
|   | (Zapacity)                 |                    |                            | SEEE, FLO               | -8 PH | ILED     |
|   | this docume                |                    |                            | ORIO.                   |       |          |
| \$87.50 - Activ   | ve corporation             | l                  |                            |                         | 50    |          |

Make 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/