Division (a) Corpor

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077 Phone : (407)649-4016 Fax Number : (407)841-0168

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT RESIGNATION GOOD FORTUNE VENDING SERVICES, INC.

Certificate of Status	0
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2023 PAS 24 MES

#### COVER LETTER

Division of Corporations		
Good Fortune Vending Service SUBJECT:	s, Inc.	
5603061	(Name of Corporation)	
DOCUMENT NUMBER: K96494		
The enclosed Resignation of Register	ed Agent for a Corporation and	fee are submitted for filing.
Please return all correspondence conc	erning this matter to the follow	ing:
Evelyn Rodriguez		26
(Name of Person	)	)2.7 t
Baker & Hostetler, LLP		2023 1112 24
(Name of Firm/Com	pany)	
200 S. Orange Avenue, SUITE 2300		:: ::
(Address)		: 52
Orlando, Florida 32801		
(City/State and Zip C	lode)	
For further information concerning th	s matter, please call:	
Evelyn Rodriguez	407 549-4071 at ( )	l
(Name of Person)		ne 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tailahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 6	17.1509.			
Florida Statutes, the undersigned, David L. Schick				
(Name of Registered Agent)				
hereby resigns as Registered Agent for Good Fortune Vending Services, Inc.				
(Name of Corporation)	***************************************			
K96494				
(Document Number, if known)				
A copy of this resignation was mailed to the above listed corporation at its fast k				
The agency is terminated and the office discontinued on the 31st day after the distribution that this statement is filed.  (Signature of Resigning Agent)	ate on which 2023   17.2. 24			
If signing on behalf of an entity:	r'; 8: 52			
(Typed or Printed Name)	******			
(Capacity)	100.000			

### Fee for filing this document:

 587.50 - Active Corporation
 S35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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