L17000230031

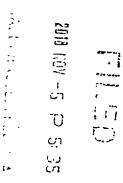
(Reques	tor's Name)					
(Address	<u> </u>					
(Address	<u> </u>					
(City/Sta	te/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

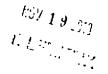
Office Use Only



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COVER LETTER

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ТО:	Registration Section Division of Corporations
SUBJ	ECT: Name of Limited Liability Company
C C 13.7	Name of Limited Liability Company
DOC	UMENT NUMBER: L17000230031
The er for fil	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	return all correspondence concerning this matter to the following:
Unite	d States Corporation Agents, Inc.
	Name of Person
Lega	Izoom.com, Inc.
	Name of Firm/Company
9900	Spectrum Dr.
	Address
Austi	n, TX 78717
	City/State and Zip Code
E-	-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Janna	Pantoja at (1800) 773-0888 x3950 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
habilit	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited y company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited y company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011.	5. Florida Statutes, the unders	igned.			
United States Corporation Agents, Inc. hereby re				esigns as		
Registered Agent for G	ame Two, LLC			<u></u>	<u>.</u>	
	Name of Lim	ited Liability Company			·	
L17000230031						
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability co	ompany at its las	t known	address.	
The agency is terminated	d and the office disco	ntinued on the 31st day after t	he date on whic	h this sta	tement is filed.	
		Signature of Resigning Agent				
		Signature of Resigning Agent				
If signing on behalf of a	n entity;					
	Cheyenne Moseley					
	Typed or Printed Name			22		
	Asst. Secretary for United States Corporation Agents, Inc.		nts, Inc.	3	أعضماها	
		Capacity	:	AON 8182	11	
				S	1	
			•	-		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	/ voluntarily dis	ال جن Solvad/ Solvad/		

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