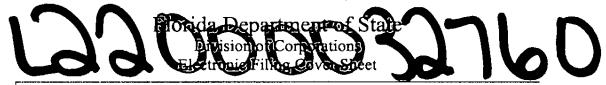
Division of Corporations



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Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the	the undersigned,	
Capito	Corporate Services, Inc.	, hereby resigns as	
*	Name of Registered Agent	,	
Registered Agent for	PROTECT CO	ONNECT LLC	
	Name of the Limited	d Liability Company	
Document Nu A copy of this resignation		liability company at its last known address. day after the date on which this statement is filed.	
	Bin Prolect Signature of Resigning	化1 '	
If signing on behalf of a	n entity:		5.3
	Brian Radecki Typed or Printed Name Assistant Secretar Capacity		C
	FILING FEES:	ability company dissolved/voluntarily dissolved/	

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

Tallahassec, FL 32314

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