Spottswood Compa Requester's Name 506 Fleming Str Address Key West, FL 3 City/State/Zip Phone #	niec, Inc. eot 3040	OO AUG 28 PM 4: 0 SECRETARY OF STALLAHASSEE, FLO
CORPORATION NAME(S) & DOCTOR	ATTAIN BYEN	Office Use Only
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if	known):
1.		
(Corporation Name)	(Document #)	
2.	:	3000000
(Corporation Name)	(Document #)	3000033754430 -08/28/0001008001
	,,	****455.00 *****35.00
Corporation Name)		<u>rom</u> woles
(-orporation name)	(Document #)	-
4		
4. (Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time		D Comic 10
Mail out Will wait		Certified Copy
_ WM Well	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
☐ Profit	☐ Amendment	
Not for Profit	Resignation of R.A	Officer/Director
Limited Liability	Change of Register	ed Agent
☐ Domestication☐ Other	Dissolution/Withdr	awal
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
Annual Report	☐ Foreign	\bigcirc
☐ Fictitious Name	Limited Partnership	a Roy
	Reinstatement Trademark	1K/2/2 . 1
	Other	
		N 4
CR2E031(7/97)		Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or	r 617.1509,
Florida Statutes, the undersigned,	
hereby resigns as Registered Agent for AIRIF+ OCQUISITION (Name of corporation)	CORP.
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 this statement is filed.	date on which
(Signature of resigning agent)	
If signing on behalf of an entity:	00 AUG 28 SECRETAR
(Typed or Printed Name)	B PM 4: 06
(Capacity)	O'm

Fee for filing this document:

\$87.50 - Active corporation \$33.00 - Administratively dissolved corporation

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