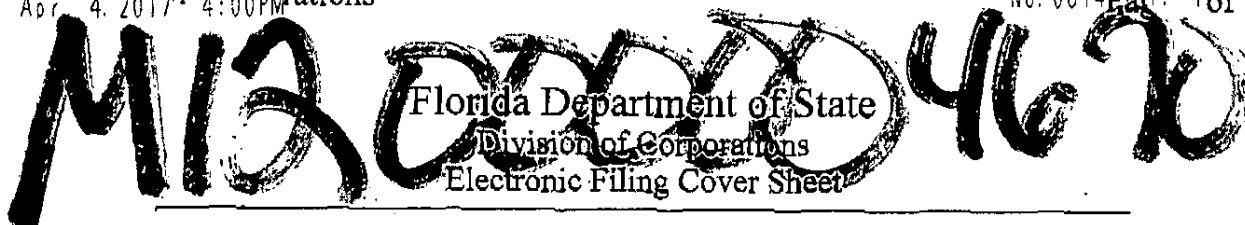


Apr. 4. 2017^T 4:00PM rations

No. 0614 Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000090340 3)))



H170000903403ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I200500000052
Phone : (850) 656-7956
Fax Number : (850) 656-7953

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

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
INSTINCTIVE EDGE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

2017 APR -4 PM 4:13
TALLAHASSEE, FLORIDA

APR 05 2017

S. YOUNG

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HI No. 0614340 P. 2

TO: Registration Section
Division of Corporations

DOCUMENT NUMBER: M12000004670

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

INHS17 (2/14)

THE FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR -4 AM 9:00

Apr. 4. 2017 4:00PM

No. 0614H17P. 390340 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

INCORPORATING SERVICES, LTD.

, hereby resigns as

Name of Registered Agent

Registered Agent for **INSTINCTIVE EDGE, LLC**

Name of Limited Liability Company

M12000004670

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

AMY M. BALKE

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR - 4 AM 9:00

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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