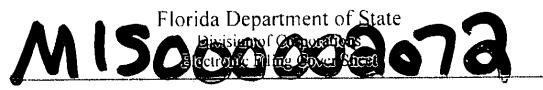
From: Kimberly Laughrey

1/13/2021

Division of Corporations



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(((H21000016840 3)))



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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LLC REGISTERED AGENT RESIGNATION DMG TWO, LLC

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:: 18506176383

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 603	5.0115, Florida Statutes, the t	undersigned,	
C T Corporation System		, hereby resigns as	
Name of Registere			
Registered Agent for DMG TWO, LL	.C		
	of Limited Liability Company		
vanie	or rained chaining company		
M15000002072			
DocumentNumber, ifknown			
A copy of this resignation was mailed to	o the above listed limited liab	oility company at its last k	nown address.
The agency is terminated and the office	discontinued on the 31st day	after the date on which th	nis statement is filed.
	Signature of Resigning Ag	gent	
If signing on behalf of an entity:		•	
Kimberly La	aughrev		
	Typed or Printed Name		20 7
As	ssistant Secretary		21
	Capacity		2021 JAN 13
\$8	LING FEES: 5.00 Active limited liabil 5.00 Administratively dis	ity company ssolved/voluntarily disso liability company	Th. 14

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