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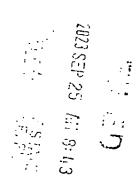
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc.

PS Box 1831 Austin, TX 78767

Phone. (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 9/19/2023 FLORIDA

REP UNIT:

JAH2N417XJ, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33460 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767





FOR A LIMITED LIABILITY COMPANY 11 100

Pursuant to the provisi	ons of section 605,0115, Florida Statutes, the undersigned,
Capit	ol Corporate Services, Inc. hereby resigns as
	Name of Registered Agent
Registered Agent for	JAH2N417XJ, LLC
L	Name of the Limited Liability Company
	00004218 Number, if known
A copy of this resignat	tion was mailed to the above listed limited liability company at its last known address.
The agency is termina	ted and the office discontinued on the 31st day after the date on which this statement is filed
	S knature of Resigning Agent
If signing on behalf of	an entity:
	Yvette Cleveland
	Typed or Printed Name Assistant Secretary
	Capacity

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