N05000006920

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COVER LETTER

Restoration Life Cente SUBJECT:	r Inc		
	(Name of Co	orporation)	
DOCUMENT NUMBER: NG5	000006920		
The enclosed Resignation of R	legistered Agent for a C	orporation and fee are submitt	ed for filing.
Please return all corresponden	ce concerning this matt	er to the following:	
Young Laster Jr			
(Name o	f Person)		
(Name of Fir	m/Company)		
1940 Saddlewood CT			
(Add	lress)		
Bartow, FL 33830			
(City/State a	nd Zip Code)		
or further information concer	ning this matter, please	call:	
Young Easter Ir	07.2	738.7453	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327

Tallahássee, 14, 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

RESIGNATION OF REGISTERED AGENT 2022 OCT 27 AM 8: 36

SECRETARY OF

Florida Statutes, the undersigned, Cyent	ria L Laster
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Restoration Life Center Inc
mereny resigns as registered regent for	(Name of Corporation)
N05000006920	
(Document Number, if known)	 -
A copy of this resignation was mailed to	the above listed corporation at its last known address.
	o the above listed corporation at its last known address. discontinued on the 31st day after the date on which
The agency is terminated and the office this statement is filed.	·
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

(Capacity)