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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: The Edge For Kids, In	C
(Name of C	orporation)
DOCUMENT NUMBER: N07000008543	
The enclosed Resignation of Registered Agent for a	Corporation and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Corinne P. McClure, Senior Para	egal
(Name of Person)	
McGuireWoods LLP	
(Name of Firm/Company)	
50 North Laura Street, Suite 3	300
(Address)	
Jacksonville, FL 32202	
(City/State and Zip Code)	_
For further information concerning this matter, pleas	e call:
Corinne McClure 31, 90	04 798-3294 ea Code & Daytime Telephone Number)
(Name of Person) (Ar	ea Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Dep or \$35.00 for an administratively dissolved, voluntar	partment of State for \$87.50 for an active corporation ily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046 (04/12)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Demonstrate and	provisions of sections	607 0502(2)) (417.0502(2)	607 1500 or 617	1500	
•		ī), 017.0302(2).	007,1309, 01 017	.1507.	
Florida Statutes,	the undersigned, R	4X CO.	(Name of Regi	ata-ad Amant\		
hereby resigns as	s Registered Agent fo	, Ine ⊨o	age For Ki	as, inc.		
			(Name of Co	orporation)		
N0700000	8543					
(Documen	t Number, if known)					
A copy of this re	esignation was mailed	to the above	e listed corporat	ion at its last kno	own address.	
The agency is te this statement is	rminated and the offic filed.	ce discontin	ued on the 31st (day after the date	on which	
	Kisa O.V	Taylor	/			
	(Sign at ure of R	esigning Agent)			
If signing on bel	nalf of an entity:				SECI TAL	
	Lisa O. Taylo	r			1019 JUN -5 SECRETAR TALLAHA	
		(Typed or Pr	inted Name)		S	•
					SEE A	M
	President					
		(Capa	icity)		AM 10: 58 be sige see fl	
	Fee for fill	ing this doc	ument.			
	·	ctive Corpo				
				oluntarily dissolv	ed/	
		ithdrawn co		•		
	Make checks payah	le to Florida Division of C P.O. Bo	Corporations	te and mail to:		
		Tallahassee				