N0900000 7271

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





800340184188

02/05/20--01018--010 **87.50

S TALLENT MAR 0 3 2020

2020 FEB -5 PH 1: 01

ElA. Resign

COVER LETTER

Division of Corporations		
CASA AMOR INC SUBJECT:		
3000.001.	(Name of Corp	oration)
DOCUMENT NUMBER: N09000	007271	
The enclosed Resignation of Reg	istered Agent for a Cor	poration and fee are submitted for filing
Please return all correspondence	concerning this matter	to the following:
Joy Fledelius		
(Name of Pe	erson)	
GY Corporate Services Inc.		
(Name of Firm/	Company)	
777 S Flagler Dr Ste 500E		
(Addres	(s)	
West Palm Beach, FL 33401		
(City/State and I	Zip Code)	
For further information concerning	ng this matter, please ca	all;
Joy Fledelius	561 at (804-4372
(Name of Person)	(Area C	Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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 FOR A CORPORATION

Pursuant to the provisions of secti	ions 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned.	GY Corporate Services, Inc.
	(Name of Registered Agent)
hereby resigns as Registered Ager	CASA AMOR INC.
nereby resigns as registered Ager	(Name of Corporation)
N09000007271	
(Document Number, if known)	
A copy of this resignation was ma	illed to the above listed corporation at its last known address.
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day after the date on which (Signature of Resigning Agent)
If signing on behalf of an entity:	2020 FEB
Joy Fledelius	1
	(Typed or Printed Name)
	P 모
Assistant Secretary	•••

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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