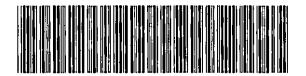
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| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing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



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08/30/18--01026--031 **87.50

2018 AUG 30 AM 10: 42 SECRETARY OF STATE

G GOLDEN SEP - 5 2018

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61. | 7.1509. |
|--|--------------------------|
| Florida Statutes, the undersigned. Mi Kayla Docs (Name of Registered Agent) | |
| Florida Statutes, the undersigned. Mi Kayla Dows (Name of Registered Agent) hereby resigns as Registered Agent for Whole heart-ad (Name of Corporation) | an Arts, |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last kn | own address. |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent) | e on which |
| If signing on behalf of an entity: | 2018 AUG 30 SECRETARY |
| Registered Asent | AMIO: 42 |

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

I Mikayla Jones, herby, removed myself from Wholehearted Fine Arts, Inc. as the recording agent and all required responsibilities associated with Wholehearted Fine Arts. Inc.

Mikayla Jones (2067 SW Cranberry Street Port Saint Lucie, FL 34953)

Notarized by:

State of Florida
County of St. Lucie
Sworn to and subscribed before me this
23 day of June , 2018 by
Mikayle Joses FLOL Exp 3-2-2024,
Type of Identification Produced:

Dawn M. Weinkrantz NOTARY PUBLIC STATE OF FLORIDA Comm# GG159801 Expires 11/13/2021