N19000004594

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

Office Use Only



100352223881

09/28/20--01028--025 **35.00

MARTARY OF STATE

190 SED SO ANIO.

COVER LETTER

7

TO:	Amendment Section Division of Corporations
SUBJ	
	(Name of Corporation)
DOC	UMENT NUMBER: N1900004594
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Unit	ed States Corporation Agents, Inc.
	(Name of Person)
Leg	galzoom.com, Inc.
	(Name of Firm/Company)
101	North Brand Blvd. 11th Floor
	(Address)
Gle	ndale, CA 91203
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Joy	(Name of Person) at (800) 773-0888 x7789 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provis	sions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
	undersigned. United States Corporation Agents, Inc.	
Florida Statutes, the u	(Name of Registered Agent)	
	istered Agent for SPECIALTY EDUCATORS INTERNATIONAL.	. INC
hereby resigns as Reg	sstered Agent for (Name of Corporation)	
N1900000459		
(Document Numb		
(177) Carrier (187)	Service Miles Mary	
A copy of this resigna	ition was mailed to the above listed corporation at its last known ad	ldress.
The agency is termina this statement is filed.	ated and the office discontinued on the 31st day after the date on wh	nich
	am	
	(Signature of Resigning Agent)	
If signing on behalf of	fan entity:	
Ch	ieyenne Moseley	
	(Typed or Printed Name)	
Ass	t. Secretary for United States Corporation Agents, Inc.	
	(Capacity)	20
		120 SE
		F 2
	Fee for filing this document: \$87.50 - Active Corporation \$2	<u> </u>
	\$35.00 - Administratively dissolved/voluntarily dissolved/	020 SEP 28 AMIO

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

withdrawn corporation