M200005053

(Requ	iestor's Name)	
(Addr	ess)	
(1,00)		
(Addı	ess)	
(City/	State/Zip/Phone	e #)
, ,	,	,
PICK-UP	MAIT	MAIL
/Duci	ness Entity Nan	ne)
(Dusi	ness chuty Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only

J 3/27/2023

COVER LETTER

10:	Amendment Section Division of Corporations	
SUBI	SECOND2NDCHANCE INC	
0000	(Name of Corpora	ion)
DOC	JMENT NUMBER: N20000005053	
The er	nclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing
Please	return all correspondence concerning this matter to t	he following:
Mariah	Esters-Rimmer	
	(Name of Person)	_
LegalC	orp Solutions, LLC	
	(Name of Firm/Company)	_
3Green	way Plaza Ste 1320	
	(Address)	-
Housto	n, TX 77046	
	(City/State and Zip Code)	-
For fu	rther information concerning this matter, please call:	
Mariah	Esters- Rimmer 888 at (534-3018
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

2023 JAN 23 AM 7: 32

Pursuant to the p	provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florido Statutas	the undersigned, LegalCorp Solutions LLC
riorida Statutes,	(Name of Registered Agent)
hereby resigns as	s Registered Agent for SECOND2NDCHANCE INC
nereby resigns a	(Name of Corporation)
N20000005053	
(Documen	Number, if known)
A copy of this re	esignation was mailed to the above listed corporation at its last known address.
The agency is te this statement is	rminated and the office discontinued on the 31st day after the date on which filed.
	(Signature of Resigning Agent)
If signing on bel	nalf of an entity:
	Travis Crabtree
	(Typed or Printed Name)
	Member
	(Capacity)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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