N21000000320

(Re	equestor's Name)			
(Ac	ddress)	· · · · · ·		
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(Ac	ddr es s)			
(Ci	ty/State/Zip/Phone	#)		
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	CENTER FOR ACADEMIC STUDIES "STUDIORUM	
	(Name of Corpor	ation)
DOC	JMENT NUMBER: N21000000320	
The en	nclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please	e return all correspondence concerning this matter to	the following:
Travis	Crabtree	
	(Name of Person)	
LEGA	LCORP SOLUTIONS, LLC	
	(Name of Firm/Company)	
3 Gree	nway Plaza #1320	
	(Address)	_
Housto	on, TX 77046	
-	(City/State and Zip Code)	_
For fu	orther information concerning this matter, please call	:
LegalC	Corp Solutions, LLC 888	534-3018
	(Name of Person) (Area Co) de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the	e provisions of sections 69	07.0503(2), 617.0502(2), 607.1509, or 61	17.1509,	
Florida Statutes, the undersigned, LEGALCORP SOLUTIONS, LLC				
		(Name of Registered Agent)		
horahy raciana	as Registered Agent for	Center for Academic Studies "Studiorum Univers	sitas Popularis S	
nereby resigns	as Registered Agent for	(Name of Corporation)		
N21000000320				
(Docum	ent Number, if known)	_		
A copy of this	resignation was mailed to	the above listed corporation at its last k	nown address	
The agency is this statement		discontinued on the 31st day after the da	te on which	
	————(Si	gnature of Resigning Agent)	_	
If signing on b	pehalf of an entity:		, -	
	Travis Crabtree			
		Typed or Printed Name)	<u>·</u>	
			-	
	Member			
		(Capacity)	- 8	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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