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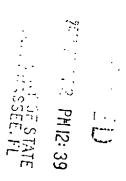
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Special Instructions to Filing Officer:	

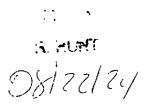
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COVER LETTER

TO: Amendment Section Division of Corporations		
FUTURE BEAUTY BOSS CAMP, INC. SUBJECT:		
(Name of Corporation)		
DOCUMENT NUMBER: N21000002571		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	filing.	
Please return all correspondence concerning this matter to the following:		
SALMA BENKABBOU		
(Name of Person)		
THE BENKABBOU LAW FIRM, PLLC		
(Name of Firm/Company)		
620 E. TWIGGS STREET, STE 303	·	
(Address)	5 N	
TAMPA, FLORIDA 33602	PH Or	1 . 1
(City/State and Zip Code)	PH I2: 39 DF STATE	
For further information concerning this matter, please call:	39	
SALMA BENKABBOU (Name of Person) (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 prov	risions of sections 607.05	503(2), 617.0502(2), 607.1509, or			
617.1509, Florida S	tatutes, the undersigned,	THE BENKABBOU LAW FIRM, (Name of Registered Agent)	PLLC	 -	
hereby resigns as Re	egistered Agent forFU	TURE BEAUTY BOSS CAMP, INC			
(Name of Corporation)					
N21000002571					
(Document Nu	mber, if known)				
A copy of this resign	nation was mailed to the	above listed corporation at its last kn	own ad	dress.	
The agency is terming this statement is file	d. Alg	ontinued on the 31st day after the dat	e on wh	ich	
	_			*~ *	
If signing on behalf	of an entity:				
	Salma Benkabb	ou			
	(Typed	d or Printed Name)	- <u>}</u> :::{	rsi	
_	Principal		OF STA	PH 12: 1	
		(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