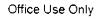
N21000003307

(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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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	SECOND CHANCE FURNITURE AND MORE INC
	(Name of Corporation)
DOCU	JMENT NUMBER: N21000003307
The ei	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Travis	Crabtree
	(Name of Person)
LEGA	LCORP SOLUTIONS, LLC
	(Name of Firm/Company)
3 Greei	nway Plaza #1320
	(Address)
Housto	on, TX 77046
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
LegalC	Forp Solutions, LLC 888 888-534-3018 at ()
•	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

rursuant to the provisions of section	ons 607.0005(2), 617.0002(2), 607.1009, 6r 617.1009,
Florida Statutes, the undersigned,	LEGALCORP SOLUTIONS, LLC
	(Name of Registered Agent)
hereby resigns as Registered Agen	SECOND CHANCE FURNITURE AND MORE INC
neredy resigns as registered regen	(Name of Corporation)
N21000003307	
(Document Number, it known)	
A copy of this resignation was mai	iled to the above listed corporation at its last known address.
The agency is terminated and the c this statement is filed.	office discontinued on the 31st day after the date on which
-	(Signature of Resigning Agent)
If signing on behalf 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