N99000003508

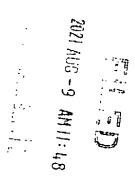
(Requestor's Name)			
(Address)			
(Address)			
, ,			
(City/State/Zip/Phone #)			
(Onyrotate/Elph Holle #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
- · · ·			
<u> </u>			
Special Instructions to Filing Officer:			

Office Use Only



300371282433

08/09/21--01040--012 **35.00



RARES

AUG 2 1 ZOZI I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SV/HOME OFF	ICE, INC.	
DOCUMENT NUMBER: N9900000	(Name of Corpora	ation)
The enclosed Resignation of Registered A	. —	uration and fee are submitted for filing
Please return all correspondence concerni		
Emily Smith	_	J
(Name of Person)		
PARACORP INCORP	ORATED)
(Name of Firm/Company)	_
PO BOX 160568		
(Address)		_
SACRAMENTO CA 95	833	
(City/State and Zip Code))	_
For further information concerning this ma	atter, please call:	
Emily Smith	at (800	533.7272 e & Daytime Telephone Number)
(Name of Person)	(Area Code	e & Daytime Telephone Number)
Enclosed is a check made payable to the For \$35.00 for an administratively dissolved	Torida Departmer d, voluntarily diss	nt of State for \$87.50 for an active corporationsolved or withdrawn corporation.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 provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, PARACORP INCORPORATED
(Name of Registered Agent)
hereby resigns as Registered Agent for SV/HOME OFFICE, INC.
(Name of Corporation)
N9900003508
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
JODY MOUA
JODY MOUA (Typed or Printed Name)
ASST. SECRETARY FOR PARACORP INCORPORATED
(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