

P0000039322

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ATTORNEYS AND COUNSELORS AT LAW

ATTORNEYS:

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FIRM ADMINISTRATOR  
GAYLE HAIR

August 7, 2018

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

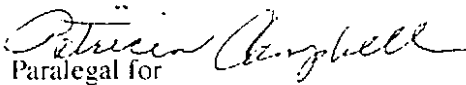
SUBJECT: A. M. BUFALO ENTERPRISE, INC.

DOCUMENT NUMBER P00000039322

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

Dominick J. Salfi  
SalfiLaw, P.A.  
999 Douglas Avenue  
Suite 3324  
Altamonte Springs, FL 21714

Sincerely,

  
Paralegal for  
Dominick J. Salfi

Enclosures  
Resignation  
\$35.00 fee

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: A M BUFFALO ENTERPRISE, INC  
(Name of Corporation)

DOCUMENT NUMBER: P000000 39322

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:

DOMINICK SALEFI  
(Name of Person)

SALEF LAW P.A.  
(Name of Firm/Company)

999 DOUGLAS AVE #3324  
(Address)

ALTA MONTIC SPRINGS FL 32714  
(City/State and Zip Code)

For further information concerning this matter, please call:

TARA at (407) 774-2700  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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, DANIEL J. SALFI  
(Name of Registered Agent)

hereby resigns as Registered Agent for AM BUFFALO ENTERPRISE INC.  
(Name of Corporation)

PERVEX 39322  
(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]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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