## P0100013399

(Re	equestor's Name)	-
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	÷#)
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C Kinsey

## **COVER LETTER**

SUBJECT: Integrated Staffing Companies, Inc.  (Name of Corporation)  DOCUMENT NUMBER: P01000013399  The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil Please return all correspondence concerning this matter to the following:
(Name of Corporation)  DOCUMENT NUMBER: P01000013399  The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil Please return all correspondence concerning this matter to the following:
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil Please return all correspondence concerning this matter to the following:
O : D M Ol Osnisu Densis nal
Corinne P. McClure, Senior Paralegal (Name of Person)
McGuireWoods LLP  (Name of Firm/Company)
50 North Laura Street, Suite 3300
Jacksonville, FL 32202  (City/State and Zip Code)
For further information concerning this matter, please call:
Corinne McClure at (904 798-3294 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 61	7.1509.
Florida Statutes, the undersigned, RAX Co.	
(ixame of Registered Agent)	
hereby resigns as Registered Agent for Integrated Staffing Compar	nies, Inc.
(Name of Corporation)	
P01000013399	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kn	iown address.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	e on which
(Signature of Resigning Agent)	-
If signing on behalf of an entity:	2019 MAY 28 SEURE JANA TALLAHA
Lisa O. Taylor	MAY 28
(Typed or Printed Name)	
	WHII: 48
President	<b>5 60</b>

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\$87.50 - Active Corporation\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)