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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SEMINOLE SKYDIVING, INC.	
(Name of corporation)	_
DOCUMENT NUMBER: P01000022422	_
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	iling
Please return all correspondence concerning this matter to the following:	
M.D. PEAVY IV	
(Name of person)	
·	
(Name of firm/company)	
45 MONOCOUPE CIRCLE	
(Address)	
PANACEA, FL 32346	
(City/state and zip code)	
For further information concerning this matter, please call:	
M.D. PEAVY IV at ( 850 ) 984-0497	
M.D. PEAVY IV  at ( 850 ) 984-0497 (Area code & daytime telephone number)	-
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

## RESIGNATION OF REGISTERED AGENT

RESIGNATION OF REGISTERED AGENT
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, KYLE R. JONES
(Name of registered agent)
hereby resigns as Registered Agent for SEMINOLE SKYDIVING, INC.  (Name of corporation)
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:
(Typed or Printed Name)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

(Capacity)

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314