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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO

ACCOUNT NO. : I2000000195
REFERENCE : 745549 8323810
AUTHORIZATION Frauls of ann ,
COST LIMIT : \$ 87.50 35.00
ORDER DATE : June 15, 2022
ORDER TIME : 2:34 PM
ORDER NO. : 745549-005
CUSTOMER NO: 8323810
RESIGNATION OF RA
NAME: MIAMI INTERNATIONAL UNIVERSITY OF ART & DESIGN, INC.
XX RESIGNATION OF RA
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Evliena Baker-EXT#

EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations	
MIAMI INTERNATIONAL UNIVERSITY OF SUBJECT:	FART & DESIGN, INC.
(Name of	Corporation)
DOCUMENT NUMBER: P01000063709	
The enclosed Resignation of Registered Agent for a	Corporation and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
RESIGNATION DEPARTMENT	
(Name of Person)	
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	
251 LITTLE FALLS DRIVE	
(Address)	
WILMINGTON, DE 19808	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
RESIGNATION DEPARTMENT 800 at (927-9801
(Name of Person) (A	rea 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO: Amendment Section

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

2022 JUN 16 PM 12: 09

	provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statute	s, the undersigned, CORPORATION SERVICE COMPANY
	(Name of Registered Agent)
herehy resions	as Registered Agent for MIAMI INTERNATIONAL UNIVERSITY OF ART & DESIGN, INC.
neredy resigns	(Name of Corporation)
P01000063709	
(Docume	ent Number, if known)
A copy of this:	resignation was mailed to the above listed corporation at its last known address.
The agency is t this statement i	erminated and the office discontinued on the 31st day after the date on which s filed. Eytima Bakit Available Vac Provident
	(Signature of Resigning Agent)
If signing on bo	chalf of an entity:
	BY EYLIFNA BAKER
	(Typed or Printed Name)
	VICE PRESIDENT
	(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