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## **COVER LETTER**

SUBJECT: Surge Solutions Group Inc	(Name of Corporation)
D01000111	•
DOCUMENT NUMBER: P01000111	1001
The enclosed Resignation of Registered A	Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
Ryan Seddon	
(Name of Person)	
N/A	
(Name of Firm/Company	·)
5391 S.W. Windward Way	
(Address)	
Palm City FI, 34990	
(City/State and Zip Code	)
For further information concerning this m	atter, please call:
Ryan Seddon	at ( 561 ) 301-9092
(Name of Person)	(Area Code & Daytime Telephone Number)

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  Phy 3:47  Pursuant to the provisions of sections 607 0502(2), 617 0502(2), 607 1509, or 617 1509
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Ryan Seddon (Name of Registered Agent)
hereby resigns as Registered Agent for Surge Solutions Group Inc.  (Name of Corporation)
P01000111881
(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:
N/A
(Typed or Printed Name)
N/A
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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