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A1A CORPORATE SERVICES

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p. 1

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0380

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Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
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REGISTERED AGENT RESIGNATION

THE EMPLOYER'S PARTNER GROUP, INC.

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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, PAUL SMITH
(Name of Registered Agent)

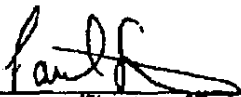
hereby resigns as Registered Agent for THE EMPLOYER'S PARTNER GROUP, INC.
(Name of Corporation)

P02000009722

(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:

(Typed or Printed Name)

(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withdrawn corporation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

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