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(Business Entity Name)

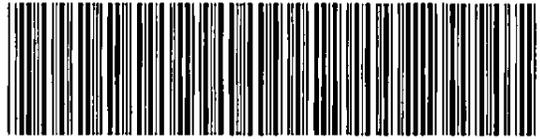
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CASL Enterprises, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000055287

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Paul Renner  
(Name of Person)

Nelson Mullins Riley & Scarborough LLP  
(Name of Firm/Company)

50 N. Laura Street, Suite 4100  
(Address)

Jacksonville, FL 32202  
(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Abbott at ( 904 ) 665-3632  
(Name of Person) (Area Code & Daytime Telephone Number)

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2024 JUL -8 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:**  
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**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Paul Renner  
(Name of Registered Agent)

hereby resigns as Registered Agent for CASL Enterprises, Inc.  
(Name of Corporation)

P02000055287  
(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.

/s/ Paul Renner  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Paul Renner  
(Typed or Printed Name)  
  
Registered Agent  
(Capacity)

2024 JUL -8 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FL  
FILED

**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