PDZ000121371

			_
(Re	equestor's Name)		
(Āc	ddress)		-
(Ac	ddress)		-
			_
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(В	usiness Entity Nam	e)	-
(Do	ocument Number)		-
Certified Copies	Certificates	of Status	-
Special Instructions to	Filing Officer:]
	·		
			-

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NAS 6ROUP CORP. (Name of Corporation)
DOCUMENT NUMBER: POZ 000 21371
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:
NASIELSKY MAURICIO (Name of Person)
NAS (Name of Firm/Company)
18683 COLLINS AJE #2203
SUMY ISIes Beach, Fl. 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
at (305) 998-8366 (Name of Person) at (400de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Pursuant to the provisions of sections 607.050	. , .		17.1509,	,	
Florida Statutes, the undersigned, NAS		nicio &	<u> </u>		_
	(Name of Reg	istered Agent)			
hereby resigns as Registered Agent forNA		CORP			_
Pozool 21371 (Document Number, if known)	(Name of C	orpor u tion)			
A copy of this resignation was mailed to the al	ove listed corpora	ation at its last k	nown ac	idress	•
The agency is terminated and the office disconthis statement is filed.	itinued on the 31st	day after the da	ite on w	hich	
(Signature	of Resigning Agent)		_		
If signing on behalf of an entity:			SECRE SE TALL AHASS	2016 DEC -	11
(Typed o	or Printed Name)		<u> </u>	S	ř.
	Capacity)		3	08	

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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