P03000024367

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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PROCESSAY OF STATE
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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|---|---------------------------------------|
| SUBJECT: GRIDD PUBLISHI | NG, INC. | |
| - | (Name of Corporation) | |
| DOCUMENT NUMBER: | P03000024367 | |
| The enclosed Resignation of Registe | ered Agent for a Corporation and fee are submitted for filing | ng. |
| Please return all correspondence cor | neerning this matter to the following: | |
| Vanan I anaina | | |
| Karen Loraine (Name of Perso | on) | |
| | | |
| GrayRobinson, P.A. (Name of Firm/Con | mpany) | |
| • | | |
| 1795 W. Nasa Blvd. | | |
| (Address) | | |
| Melbourne, FL 32901 | | |
| (City/State and Zip | Code) | |
| For further information concerning | this matter, please call: | |
| | | |
| Michelle Deering (Name of Person) | at (321) 727-8100 (Area Code & Daytime Telephone Number) | |
| (Name of Ferson) | (Area Code & Daytime Telephone Humber) | |
| | the Florida Department of State for \$87.50 for an active | corporation |
| or \$35.00 for an administratively dis | ssolved, voluntarily dissolved or withdrawn corporation. | 3 |
| | | Jul 25 |
| Street Address: Amendment Section | Mailing Address: Amendment Section | ्रि वृङ् |
| Division of Corporations | Division of Corporations | ည |
| Clifton Building | Post Office Box 6327 | 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 |
| 2661 Executive Center Circle | Tallahassee, FL 32314 | OF STATE |
| Tallahassee, FL 32301 | | 20 A |

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, Patrick Healy |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for GRIDD PUBLISHING, INC. |
| (Name of Corporation) |
| P03000024367 |
| (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) |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| |
| (Typed or Printed Name) |
| (Typed of Timed 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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