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TO: Amendment Section
Division of Corporations

SUBJECT: MAXX Industries Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000049064

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:

Maria Masse

(Name of Person)

BizFilings

(Name of Firm/Company)

8040 Excelsior Dr., Suite 200

(Address)

Madison, WI 53717

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Masse at (800) 981-7183
(Name of Person) (Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Business Filings Incorporated

P03000049064

(Signature of _____)

(Signature of Resigning Agent)

Maria Masse

Assistant Secretary of Business Filings Incorporated

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withdrawn corporation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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