P0300009973Z

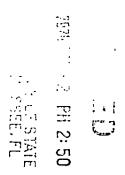
(Re	questor's Name)	
·	,	
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PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

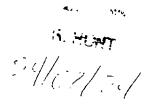




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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Shape Up Sisters, Inc.	(Name of Corpor	edi.m.	
DOCUMENT NUMBER: P0300009973	•		
DOCUMENT NUMBER:			
The enclosed Resignation of Registere	d Agent for a Corp	oration and fee are s	ubmitted for filing.
Please return all correspondence conce	erning this matter to	the following:	
Office Manager			
(Name of Person			
Ford Miller & Wainer PA			28 101/11
(Name of Firm/Comp	any)		·· 3
1835 3rd St N			PM 2:50
(Address)			
Jacksonville Beach/FL 32250			2: 50 2: 50 5 TATE
(City/State and Zip C	ode)		1.1
For further information concerning thi	s matter, please call	l:	
Office Manager	904 at (390-1970) de & Daytime Teleph	
(Name of Person)	(Area Co	de & Daytime Teleph	one 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 section	ons 607.0503(2), 617.0502(2), 607.1	509, or 617.1	509.		
Florida Statutes, the undersigned,	ida Statutes, the undersigned, David Wamer (Name of Registered Agent)				
hereby resigns as Registered Agent	Shana Un Sistan, Jan	Agemi			
mercu _s realgan an reagancted rigen.	(Name of Corporal	tion)			
P03000099732					
(Document Number, if known)					
A copy of this resignation was mai	led to the above listed corporation a	t its last know	m add	ress.	
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day at	fter the date o	n whic	ch	
	(Signature of Resigning Agent)				
If signing on behalf of an entity:			7674		
	(Typed or Printed Name)	SSEE FL	2 PH 2: 50	\$ · ·	
	(Capacity)	<u> </u>	0		

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