

PO4000019493

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617 6380

From:
Account Name : INCORP SERVICES INC
Account Number : 120120000007
Phone : (702) 866 2500
Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: wendy.hefley@incorp.com

**REGISTERED AGENT RESIGNATION
HOME O2, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Y SULKER
AUG 07 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOME O2, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000019493

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:

Wendy Hefley
(Name of Person)

Incorp Services, Inc.
(Name of Firm/Company)

3773 Howard Hughes Parkway, Suite 500S
(Address)

Las Vegas, NV 89169-6014
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy Hefley for Incorp Services, Inc. at (702) 866-2500 ext 6904
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED
CLERK OF STATE
20 AUG -6 AM 11:45

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, Janice Null

(Name of Registered Agent)

HOME O2, INC.

hereby resigns as Registered Agent for

(Name of Corporation)

P04000019493

(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)

If signing on behalf of an entity:

Janice Null

(Typed or Printed Name)

Authorized Representative

(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

20 AUG -6 AM 11:45

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DIVISION OF STATE
CORPORATIONS