| (Re | equestor's Name) | |
|---|-------------------|-------------|
| (Ad | ldress) | <u></u> |
| . (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Document Number) | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Up & Up Real Estate Investments Corporation |
| DOCUMENT NUMBER: Y05000 156 193 |
| 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: |
| Morrison, Joan (Name of Person) |
| The Law Office of Joan Morrison, P.A. (Name of Figh/Company) |
| 2800 W. Oakland Park Blud STC 201A (Address) |
| Dakland Park 4L 33311 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Person) at (954) 181-4801 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, 7672 44 💢 |
|---|
| Florida Statutes, the undersigned, Morrison, Joan (Name of Registered Agent) |
| hereby resigns as Registered Agent for Up & Up Real Estate Investments Corporation |
| 105000 1516 193 |
| (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: |
| (Typed or Printed Name) |
| |

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)