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## COVER LETTER

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: AUSTIN Karauke Inc (Name of Corporation)  DOCUMENT NUMBER: PØ5ØØ163546                  |
| DOCUMENT NUMBER: PØ5ФØ16 3546  |
| 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:                        |
| Sara Han (Name of Person)  |
| (Ultan & Company Inc. (Name of Firm/Company)   |
| 4401 Emerson St #8   |
| Jay FL 3207  (City/State and Zip Code)   |
| For further information concerning this matter, please call:                                     |
| Sara Han at (904) 346-1961 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,  |
|--|
| Florida Statutes, the undersigned, (Name of Registered Agent)  |
| hereby resigns as Registered Agent for Austin Kanaoke Inc.  (Name of Corporation)  |
| $\frac{p_{\phi} 5 \Phi \varphi   163546}{\text{(Document Number, if known)}}$  |
| 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   Typed or Printed |
| (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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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