## P05000 163 909

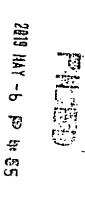
(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500328432245

05/06/19--01031--027 \*\*35.00



MAY 16 223

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PC Homepage, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000163909

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:

Corinne P. McClure, Senior Paralegal

(Name of Person)

McGuireWoods LLP

(Name of Firm/Company)

50 North Laura Street, Suite 3300

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Corinne P. McClure at (904)798-3294 (Area Code & Daytime Telephone Number)

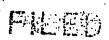
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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. RAX Co. (Name of Registered Agent) Filtra Section (Name of Registered Agent) Fi
(Name of Registered Agent), and open 1 to cita().
hereby resigns as Registered Agent for PC Homepage, Inc.  (Name of Corporation)
(Name of Corporation)
P05000163909
(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:
Lisa O. Taylor
(Typed or Printed Name)
President
(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