060000127652

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
‡	87,50	>

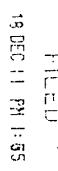
Office Use Only



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S TALLENT DEC 1 7 2018



RIAResign

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT:_FERMAX, INC.	
	(Name of Corporation)	·· ·
DOC	UMENT NUMBER: <u>P06000127652</u>	_
The ei	nclosed Resignation of Registered Agent for a Corporation and fee are submitted	for filing.
Please	return all correspondence concerning this matter to the following:	
Kry	stal Beckner	
	(Name of Person)	
Ass	sistant Secretary	
	(Name of Firm/Company)	
850	New Burton Rd, Suite 201	
	(Address)	
Do	ver, DE 19901	
_	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
Inv	oice Team (Name of Person) at (866) 621-3524 (Area Code & Daytime Telephone Number	
	(Name of Person) (Area Code & Daytime Telephone Number	er)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.15	509.	
Florida Statutes, the undersigned, COGENCY GLOBAL INC.		
(Name of Registered Agent)		_
hereby resigns as Registered Agent for FERMAX, INC.		
(Name of Corporation)		_
P06000127652		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	n address	ŝ.
The agency is terminated and the office discontinued on the 31st day after the date or this statement is filed.	a which	
Krystal Beckner		
(Signature of Resigning Agent)	•	~ .
If signing on behalf of an entity:		30
Krystal Beckner	-1	
(Typed or Printed Name)		- E
Assistant Secretary		QI GII

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)