P06000138777

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



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Markesign



October 6, 2020

Florida Department of State Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern,

RE: P06000138777

Please change the Registered Agent for the above document number to:

JOHN FLORA

John Flora

Thank You,

President

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Vita Verde, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: <u>706000 138777</u> |
| 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: |
| John Flora (Name of Person) |
| V. ta Verde, Inc. (Name of Firm/Company) |
| 11927 W. Sample Rd. |
| Coval SX: NSS, FL 33065 (City/Stude and Zip Code) |
| For further information concerning this matter, please call: |
| John Flora at (954) 785-3100 (Area Code & Daytime Telephone Number) |

Enclosed is a check made payable to the Florida Department of State for \$37.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, IEGGVET W. BLUEN (Name of Registered Agent) |
| hereby resigns as Registered Agent for V. to Volde (Name of Corporation) |
| P06000138 777 (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 a centity: |
| (Typed or Printed Name) |
| (Typed or Printed Name) |
| (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, F1. 32314