P07000038786

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(busiless chity walle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500329060885

05/09/19--01014--030 *+35.00

C. GOLDEN MAY 22 2019

COVER LETTER

Division of Corporations	
_{SUBJECT:} JDR Realty, Inc.	
(Name of Corporation)	- · · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: P07000038786	
The enclosed Resignation of Registered Agent for a Corporation and fee are su	bmitted 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)

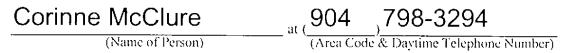
50 North Laura Street, Suite 3300

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:



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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

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 6	17.1509、		
Florida Statutes, the undersigned, RAX Co.			
(Name of Registered Agent)			
hereby resigns as Registered Agent for JDR Realty, Inc.			
(Name of Corporation)			
P07000038786			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last I	cnown add	lress.	
The agency is terminated and the office discontinued on the 31st day after the distribution this statement is filed.	ate on whi	ch	
(Signature of Resigning Agent)	_		
(Signature of Resigning/Agent)	-	201	
If signing on behalf of an entity:	:	2019 HAY	
		<u>*</u>	
Lisa O. Taylor	-	-9	
(Typed or Printed Name)	<u> </u>	AH	,
	J		į
President		7: 39	
(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