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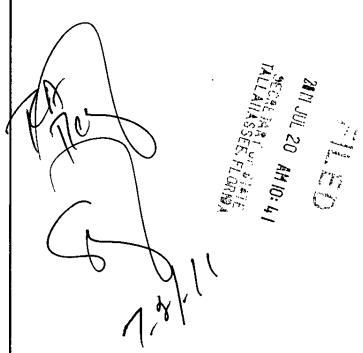
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PICK-U	P I WAIT MAIL
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	(Business Entity Name)
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Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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COVER LETTER

TO: Amendment Section			
Division of Corporations			
SUBJECT: ONGCO, INC.			
(Name of Corporation)			
DOCUMENT NUMBER: P07000134424			
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:			
Heather Mellang			
(Name of Person)			
Salem Law Group, P.A.			
(Name of Firm/Company)			
101 E. Kennedy Blvd. Suite 3220			
(Address)			
Tampa, FL-33602			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Heather M. Lang at (813) 222-3216			
(Name of Person) (Area Code & Daytime Telephone Number)			
or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.			
Street Address: Mailing Address:			
Clifton Building Post Office Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			
Amendment Section Division of Corporations Clifton Building Post Office Box 6327 Clother Circle Tallahassee, FL 32314			

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro	$\frac{1}{1}$ visions of sections $\frac{1}{1}$ $\frac{1}$	1017.1309,
Florida Statutes, th	ne undersigned, SALEM LAW GROUP, P.A.	
	(Name of Registered Agent)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ONGCO, INC.	
nereby resigns as R	Registered Agent for ONGCO, INC. (Name of Corporation)	,
P07000134424	•	
A_A-F		
(Document N	lumber, if known)	
	gnation was mailed to the above listed corporation at its la	
	ninated and the office discontinued on the 31st day after the	date on which
this statement is fil	led.	
	Heather M Larg (Signature of Resigning Agent)	
If signing on behalf		
	Heather M. Lang, Esq.	78.0 78.0 78.0
, –	(Typed or Printed Name)	
	Attorney, Salem Law Group, P.A.	ZOTE MARY CO
	(Capacity)	
		AN IO. 41
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Fee for filing this document:	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active corporation